OCT 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25374

1. PLACE OF DEATH
County St Louis — Registration District No. 789 B — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 213
City — (No. 8225, Brenner Ave. St. Ward)

2. FULL NAME Infant Westcott
(a) Residence. No. 8225 Brenner Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13-1927

7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, 12 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Roy Westcott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Hilda Vogel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr Roy Westcott
(Address) 8225 Brenner Ave.

15. FILED 8/14, 1927 Rolla Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1927, to Aug 13, 1927, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 10.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxia
Mod. 162
Mod. (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Atelectasis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Walther, M. D
Aug 18 1927 (Address) 2438 Woodson Rd Overland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S. S. Peters and Paul — DATE OF BURIAL: 8-15 1927
20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.