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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25005

Township ..... Primary Registration District No. [illegible] Registered No. 6422

City St. Louis Childrens (No. Hospital 500 So. Kingshighway St. Louis, Missouri St. Ward)

2. FULL NAME West, Joseph

(a) Residence, No. 6824 Minnesota St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-25-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: David West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Annapolis, Missouri

MOTHER

15. MAIDEN NAME: Dorothy Knoblauch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): R. F. Anthony 500 So. Kingshighway St Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE 7/26 - 1933

19. UNDERTAKER (ADDRESS): C. Hoffmeister Un. L. Co. 7814 So Broadway

20. FILED [illegible] 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1933, to 7-23, 1933

I last saw him alive on 7-23, 1933 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess Chr Otitis Media	
Pneumonia Lobar	7-22-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Keiter, M. D.

(Address) 500 So Kingshighway

AUG 26 1933

...ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...OSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.