WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

JAN 13 1936

Do not use this space.

791

41896

1. PLACE OF DEATH

County ..... Registration District No. 1008. File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11149

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Clarence West

(a) Residence, No. ..... St., N R Ward. West Salem Ill
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 26-1894

7. AGE: YEARS 41 | MONTHS 1 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chemicals
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): Albion Ill.

FATHER

13. NAME: James West.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albion Ill.

MOTHER

15. MAIDEN NAME: Edna Weisenberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wabash Co Ill.

17. INFORMANT (ADDRESS): Evalyn West West Salem Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Albion Ill DATE 1-2 1936

19. UNDERTAKER (ADDRESS): Albert H Hoppe 429 N Euclid Ave.

20. FILED DEC 30 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1935, to Dec, 1935

I last saw him alive on Dec. 30, 1935. Death is said to have occurred on the date stated above, at 3:30 A.m.

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

	Date of onset
Pericarditis with effusion	2 weeks
Pneumonia Lobar	12-20-35

108

Other contributory causes of importance:

~~Sarcoma~~	
Chronic interstitial nephritis	not known

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

What test confirmed diagnosis? X Ray Was there an autopsy? No

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) R E Gaston, M. D.

(Address) Webster Groves, Mo