

DEC 13 1937

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

40059

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **Saint Louis** (d) Street No. **2829a Delmar** Registered No. **11046** St.  
 (e) Length of residence in city or town where death occurred yrs. **Unknown** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Harrison West**

(a) Residence, No. **2829a Delmar Boulevard** St. **21**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OR WIFE OF **Jennie West**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17, 1881**  
 7. AGE YEARS **56** MONTHS **5** DAYS **10** If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Messenger**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Bank**  
 10. Date deceased last worked at this occupation (month and year) **1937** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

FATHER 13. NAME **Hart West**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable**  
**Unavailable**

MOTHER 15. MAIDEN NAME **Mary Whitehead**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable**  
**Virginia**

17. INFORMANT (ADDRESS) **Mrs Jennie West**  
**2829a Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Nov. 30, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Charles G. Bates**  
**4107 Finney Avenue**

20. FILE **NOV 30 1937** **J. Bredeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10/2/35**, 19....., to **November**, 19**37**

I last saw him alive on **November 26**, 19**37** Death is said to have occurred on the date stated above, at **1: A. M.**

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

*Chronic Interstitial Nephritis*

Date of onset

**10/2/35**

Other contributory causes of importance:

*Chronic Myocarditis*

**11/24/36**

Name of operation **None** Date of.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** 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) **Stephen Deane**, M. D.

(Address) **3202a Park Avenue**

112000

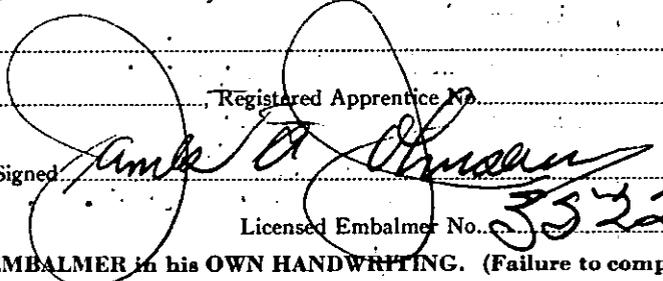
**STATEMENT BY LICENSED EMBALMER**

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed: 

Licensed Embalmer No. 3522

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**