

NOV 23 1938

DEC 8 1938

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

40422  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Jefferson Barracks (d) Street No. Veterans Hospital Registered No. 1923  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Clarence M. Westerman

(a) Residence, No. 5611 Theodosia Avenue, Saint Louis 8, Missouri  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician & Surgeon  
9. Industry or business in which work was done, as 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) Anna, Illinois  
(STATE OR COUNTRY)

FATHER 13. NAME August Westerman

14. BIRTHPLACE (CITY OR TOWN) --  
(STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Harriet McCover

16. BIRTHPLACE (CITY OR TOWN) --  
(STATE OR COUNTRY) Not known

17. INFORMANT Clinical Chemist VAF Jefferson Barracks, Missouri  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Mo. DATE Nov. 25, 1938

19. FUNERAL DIRECTOR Shepard Funeral Home  
(ADDRESS) 1167 1/2 Hamilton Ave.

20. FILED NOV 23 1938 W. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1938, to November 23, 1938

I last saw him alive on November 23, 1938. Death is said to have occurred on the date stated above, at 11:00 AM

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

Septicemia-streptococcus Date of onset 9-7-38

Other contributory causes of importance:  
Coronary sclerosis. Myocarditis Unkn.  
Meningitis. "  
Mastoiditis, left. 8-1-38

Name of operation See other side Date of --  
Phys. clinical mani. and laboratory --  
What test confirmed diagnosis? -- 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 not related  
(Signed) W. L. FLECK, Chief Med. Officer, M. D.  
(Address) VAF Jefferson Barracks, Mo.

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.

Operation-mastoidectomy was performed at Barnes Hospital, St. Louis,  
on August 20, 1938, (prior to his admission here).

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Guy W. Wilkinson*

Licensed Embalmer No. \_\_\_\_\_

2575

**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.)**