

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2627 N. Sarah St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mrs. Bertha West  
8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Otto West 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased February 10, 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 55 Days 18/17 If less than one day hr. min.

9. Birthplace Burlingheight, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
12. Name William Steadman  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Kurith Caldwell  
15. Birthplace Louisville, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hamilton  
(b) Address 2627 N. Sarah St.

17. (a) Burial (b) Date thereof Mar. 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director W.C. Gordon Und. Co.  
(b) Address 2649 Delmar Blvd.

19. (a) FEB 29 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2627 N. Sarah St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 27th year 1940 hour 1 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 17th March, 1939 to 27th Feb, 1940  
that I last saw him alive on 127th Feb, 1940  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_  
Immediate cause of death Myocardial Infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify place) (a) Means of injury \_\_\_\_\_  
23. Signature W. C. Gordon (M. D. or other) \_\_\_\_\_  
Address 2743 Franklin Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William Claude Gordon

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Wm Claude Gordon*

Licensed Embalmer No.....

3489

P. O. Address 2649 Delmar Blvd.

**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.)**

**If this body is not embalmed, above space should be left blank.**