. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19914
4862

FILED JUL 17 1940

Registration District No. 1003 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis 9
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4611a Easton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4611a Easton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vernon C. Westland 234
3. (b) If veteran, name war
3. (c) Social Security No. (202-12-5034) 5
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 1870-9-15 (Month) (Day) (Year)
8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.
9. Birthplace Warren, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Switch tender Terminal R. R.
MOTHER FATHER
12. Name Douglas Westland. 9
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) (State or foreign country)
16. (a) Informant Grace Houstan Westland
(b) Address 4611a Easton Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director [illegible]
(b) Address Clayton Rd. at Concordia Lane
19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1940 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from June 10, 1938, to 5/31/40, 19..; that I last saw him alive on 5/31/40, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration 3 yrs.
Due to Chr. Interstitial Nephritis — 2 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John R. Morris (M. D. ~~another~~)
Address 8209 N. Broadway Date signed 6/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 1994

P. O. Address St. Louis.

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.