

D. 2
13-40
7-39
X2315

FEB 14 1941

Registration District No. 754

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 12/30/40
(Specify whether years, months or days)
In this community Most of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7933 Joy Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/1/41 day _____
year _____ hour 9:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 12/30, 1940 to 1/1, 1941;
that I last saw him alive on 1/1/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis chronic, active, far advanced, with cavitation. Duration About 20 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations No operation

Of autopsy Autopsy refused

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? CW Hughes (Specify type of place) (Date of injury)

23. Signature C. W. HUGHES, M.D., (M. D. or other) D
Address Chief Medical Officer. Date signed _____

3. (a) PRINT FULL NAME WESTING, Albert J.

3. (b) If veteran, name war World War, 1918 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Westing 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 28 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 14 3 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Examiner Sales Tax Department

11. Industry or business State (Mo.) Unemployed now

12. Name August Westing

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Buler

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address Government Records, VAF, Jeff. Bks.

17. (a) Burial (b) Date thereof 1/4/41 Mo
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Heldnerle

(b) Address 2331 S. Broadway

19. (a) IAN 9 10A (b) C. W. Hughes
(Date received local Registrar) (Registrar's signature)

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.....

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

Signed.....

Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.