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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 13 1941**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **12626**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **3056**

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4611 Easton Ave  
(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

2. USUAL RESIDENCE OF DECEASED: **000**  
(a) State Mo (b) County 17  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4611 Easton Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JULIETTE GRACE WESTLAND II  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 4  
year 1941 hour 9 minute 00 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Vermon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 30 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 6 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Thrombosis base of brain shot wound of left breast penetrating heart, self-inflicted at her home 4611 Easton Ave Apr 4 1941 alt 9:00 PM  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation House work

Major findings: Of operations W.A. 11/17  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Unknown / Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvira Anderson  
(b) Address 3737 Evans Ave

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 4/4/41

17. (a) CREMATION (b) Date thereof 4-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MO-CREMATORY

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

18. (a) Signature of funeral director CULLEN & KELLY  
(b) Address 1416 NO-TAYLOR AVE

While at work? no (Specify type of place) (a) Means of injury bullet

19. (a) APR - 7 1941 (b) J. Brubaker  
(Date received local registrar) (Registrar's signature)

23. Signature Charles Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 4/7/41

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

**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 *Clement McManis*

Licensed Embalmer No. *3732*

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, fact should be so stated above.**