

FILE 24 1942 91 1

1003

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

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Kinmundy (If outside city or town limits, write "RURAL") NR 11
(d) Street No. Box 14 (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson West

3. (b) If veteran, name war _____ 3. (c) Social Security No. 324-14-9830

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from February 21
1942 to March 2 1942
that I last saw him alive on March 2 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July 24 1907
(Month) (Day) (Year)

Immediate cause of death Brain abscess Duration 1 wk?

8. AGE: Years 34 Months 7 Days 10 If less than one day
hr. min.

Due to Frontal sinusitis

9. Birthplace Kinmundy (City, town, or county) ILL. 1 (State or foreign country)

Due to _____

10. Usual occupation Filling Station

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

11. Industry or business _____

PHYSICIAN

12. Name Leonard West

Major findings: Of operations Pus at frontal sinus
Of autopsy not done
Underline the cause to which death should be charged statistically.

13. Birthplace Kinmundy (City, town, or county) ILL. 1 (State or foreign country)

14. Maiden name ALLFEN

15. Birthplace Kinmundy (City, town, or county) ILL. 1 (State or foreign country)

16. (a) Informant Danell West

(b) Address Kinmundy, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Kinmundy, Ill

18. (a) Signature of funeral director B. J. Rytman

(b) Address Kinmundy, Ill

19. (a) MAR 3 1942 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

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 type of place) (e) Means of injury _____

23. Signature JR Bradley (M. D. or other) _____

Address BARNES HOSPITAL Date signed _____

[Handwritten signature and illegible text]

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 *C. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address *7027 Ironville*

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.