

FILED NOV 4 1942

Registration District No. **318**

Primary Registration District No. Registrar's No. **8796**

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:
BARNES HOSPITAL
(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) **6 WEEKS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **ST. CLAIR**
(c) City or town **BELLEVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **518 SOUTH TWENTY-FIRST**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Gladys Ruth Westwood**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **SEPT 29 1921**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
21 0 22 hr. min.

9. Birthplace **BELLEVILLE ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business **COLLEGE**

12. Name **FRANK WESTWOOD**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **HELEN ENGELMAN**

15. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Westwood**

(b) Address **BELLEVILLE, ILLINOIS**

17. (a) **BURIAL** (b) Date thereof **OCT 25, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh, Ill**

18. (a) Signature of funeral director **Edgar A. Beldus**

(b) Address **BELLEVILLE, ILLINOIS**

19. (a) **OCT 23, 1942** (b) **J. F. Branch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21** year **1942** hour **8** minute **20 a. M.**

21. I hereby certify that I attended the deceased from **Oct 15**, 1942, to **Oct 21**, 1942; that I last saw him alive on **Oct 21**, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death **ADDISON'S DISEASE** Duration **10 mos.**
Non-tubercular

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **65 66**

Major findings: Of operations.....

Of autopsy **AS ABOVE**

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 type of place) (a) Means of injury.....

23. Signature **FK Bradley** (M. D. or other) **D**
Address **BARNES HOSPITAL** Date signed **10/21/42**

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

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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.....

Edgar A. Baldus

Licensed Embalmer No. *2846*

P. O. Address.....

Belleville, Ill

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.