

FILED MAR 11 1943
Registration District No. 787

Primary Registration District No. 101

1. PLACE OF DEATH: **St. Louis**
 (a) County Clayton
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 604 E. Argonne Ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Anna West
 3. (b) If veteran, name war ? 3. (c) Social Security No. ?

20. DATE OF DEATH: Month Feb. day 8
 year 1943 hour 4 minute 30 p.m.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William West 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased July 31 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-26-43
 19... to 2-8-43 19...
 that I last saw h... er alive on 2-8-43 19...
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 6 8 _____ hr. _____ min.

Immediate cause of death Pneumonitis
 Duration Weeks

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

Due to Common duct obstruction
 Due to Cholera 1 1/2 weeks
year?

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____
 12. Name William Sieckman
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Maria Unknown
 15. Birthplace unknown Germany
 (City, town, or county) (State or foreign country)

Major findings: Cholera
 Of operations Common duct obstruction
 Of autopsy same and pneumonitis
 Underline the cause to which death should be charged statistically.

16. (a) Informant Wm West
 (b) Address 604 E. Argonne - Kirkwood
 17. (a) Burial (b) Date thereof 2-9-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director Louis H. Bopp, Inc
 (b) Address Kirkwood Mo
 19. (a) **FEB 13 1943** (b) C. McDevan
 (Date received local registrar) (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?
 _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] (M-D. or other) Feb 13
 Address St. Louis County Hospital Date signed 2-9-43

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

296

MAY 19 1947

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 *John M Meyer*.....

Licensed Embalmer No. *3255*.....

P. O. Address... *Wilkeswood Pa*.....

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.