V. S. No. 2
50M—9-4-41
Re 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27176

State File No.

FILED AUG 18 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7157

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

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: 2025 O Fallon 1 (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:

(a) State MO (b) County 2060

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17 9

(d) Street No. 2025 O Fallon (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Annie West

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FE.

5. Color or race Col. 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lini West

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 (Month) 13 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Monticello Ark. 1 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

FATHER
12. Name Amos Langdon
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Dampier
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Viola Miller

(b) Address 3431 Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G W Bruce

(b) Address 1003 N Garrison

19. (a) AUG 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1943 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from June 24th 1943 to August 5th 1943 that I last saw her alive on August 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Nervous Broke down

Due to Excessive Worry and Lost of Rest

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration June 24th 1943 to August 5th 1943

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O W Johnson (M. D. or other)

Address 1846a N Vandeventer Date signed 8-9th 43

(Licensed Embalmer's Statement on Reverse Side)

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~~ me.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

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.