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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4979

FILED FEB 24 1945 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 1281

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: Missouri Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 5893 Etzel Avenue
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME ANDREW WESTLAND

3. (b) If veteran, name war No

3. (c) Social Security No. 497-10-8178

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jennie P. Westland

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

7. Birth date of deceased 11 (Month) 9 (Day) 1876 (Year)

8. AGE: Years 68 Months 2 Days 28. If less than one day ____ hr. ____ min.

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

10. Usual occupation Carpenter

11. Industry or business ____

FATHER
12. Name Alexander Westland
13. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Margaret Westland
15. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Helen Westland
(b) Address 5893 Etzel Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Boulevard

19. (a) FEB 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb. 2 1945 to Feb 7 1945 that I last saw him alive on Feb 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Acute Myocardial Infarct Post operative shock	2 days
Due to: Perforation Perforated Gastric ulcer	5 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Perforation ulcer lesser curvature of stomach

Of autopsy ____

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 P. S. Mauzy M.D. (M. D. or other)

Address Hot Springs Ark. Date signed 2/11/45

(Licensed Embalmer's Statement on Reverse Side)

Mr. Peter Wenyck
462 N. Taylor

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.