

FILED APR 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10715

Registration District No. 314

Primary Registration District No. 3063

Registrar's No. 744

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: Route #2 Box 308 Clayton
(d) Length of stay: In hospital or institution

In this community years, months or days

3. (a) PRINT FULL NAME REMO WEST

3. (b) If veteran, name war
3. (c) Social Security No. 498-01-9207

4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Annie West
6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 7 (Month) 7 (Day) 1900 (Year)

8. AGE: Years 44 Months 9 Days 13

9. Birthplace East St. Louis, Ill.

10. Usual occupation Faber, hat carrier, Building etc.

11. Industry or business Building etc.

12. Name Louis West
13. Birthplace Richmond, Va.

14. Maiden name Annie Longdon
15. Birthplace Monticello, Ark.

16. (a) Informant Annie West

(b) Address Route #2 Box 308 Clayton

17. (a) Burial (b) Date thereof 3-26-45

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Bruce
(b) Address 1003 N. Harrison

19. (a) MAR 23 1945 (b) E. E. G. G. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(d) Street No. Elm Street R#2 Box 308
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1945 hour 1:30 minute 3 M.

21. I hereby certify that I attended the deceased from 5th - 95 to March 20, 1945
that I last saw him alive on March - 20th - 1945
and that death occurred on the day and hour stated above.

Immediate cause of death Bilateral Pneumonia Duration 16 days

Due to Pneumococci Bacilli

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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?
(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 O. W. Johnson (M. D. or other)
Address 1046 N. Woodmonte Date signed 3-26-45

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

MOTHER FATHER

228
41-45

707

APR 17 1945

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 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.