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

5982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7031

FILED FEB 18 1946

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 337

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (St. Louis)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Old Peoples' Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Mo. 24 da. (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City (St. Louis) 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Ave., 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Jo Ann Westerfield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Perry

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

7. Birth date of deceased February (Month) 25 (Day) 1864 (Year)

8. AGE: Years 81 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business

FATHER
12. Name Wm. H. Evans
13. Birthplace Barren Co. (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Sarah E. Hancock
15. Birthplace Greenville (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mary E. Craig
(b) Address 6600 Washington Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation West Frankfort, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 2-9-46 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1946 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from January 23, 1946, to February 6, 1946; that I last saw her alive on February 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension — Duration 15 years.

Due to

Due to

102

Other conditions Mycocardial degeneration — 6 months.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Kenneth V. Larsen (M. D. or other) MD

Address 6079 N. Grand Ave Date signed 2-7-1946.

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1948

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.....

Licensed Embalmer No. 3575

P. O. Address.....

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.