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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11798

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2093

FILED MAR 18 1946

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4404 St. Ferdinand Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4405 St. Ferdinand St. (If rural, give location) 17  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harvey Otto West.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 13, 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Custodian

11. Industry or business \_\_\_\_\_

12. Name Irving West

13. Birthplace Atlanta, Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Patterson

15. Birthplace Nadison County, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sabra Parker

(b) Address 4405 St. Ferdinand Street.

17. (a) Burial (b) Date thereof 3/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave

19. (a) MAR 4 1946 (Date received from registrar) J. J. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 P  
year 1946 hour 4 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20<sup>th</sup> 1946 to Mar 2 1946  
that I last saw him alive on Feb 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerular Heart Disease Duration 3 mo

Due to Heart Disease Due to Dr. W. H. J. B. C. MRs

Other conditions Lungs affected  
(Include pregnancy within 3 months of death)

Major findings: 1/3 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify place of place) Means of injury 0

23. Signature Samuel J. Braddock (M. D. or other) 3/2/46  
Address 925 N. Jefferson Date signed \_\_\_\_\_

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

MOTHER FATHER

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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.....

*Amie Sheets*....., Registered Apprentice No. *387*  
working under my personal supervision.

Signed *Fulton G. Culkin*.....

Licensed Embalmer No. *1198*.....

P. O. Address *1912 Fountain St. New York*.....

**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.