

No. 2  
M-5-43  
5-17-39  
I X36571

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25854

State File No.

Registrar's No.

FILED AUG 3 1946

Registration District No.

Primary Registration District No.

1003

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: Jewish Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5807 Highland Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? No  
(Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Maud West.

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George H. West.  
6. (c) Age of husband or wife if alive Dec'd. years  
7. Birth date of deceased May 21, 1873.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 2 hr. min.

9. Birthplace New Brighton, England.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

12. Name William M. Parker.

13. Birthplace New Brighton, England.  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Swallow.

15. Birthplace New Brighton, England.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William F. Parker.

(b) Address 5807 Highland Avenue.

17. (a) Cremation (b) Date thereof 7-25-1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JUL 25 1946 J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.  
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 5  
1939 to July 23 1946  
that I last saw her alive on July 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 10 days

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 type of place) (e) Means of injury

23. Signature Jos. M. Orenstein (M. D. or other).  
Address 4487 Westminister Pl Date signed 7/24/46

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

MOTHER FATHER

24710

DrJ.M.Orenstein.  
4487 Westminster Place.  
Hours 11 to 1 P.M.  
Telephone Newstead 9129

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Clement McQuay*

Licensed Embalmer No.

*3732*

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.