FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21461

Registrar's No. 5240

1. PLACE OF DEATH:
(a) County
(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4027a Kossuth Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 800
(c) City or town: Saint Louis 11
(If outside city or town limits, write "RURAL") 9
(d) Street No.: 4027a Kossuth Avenue 10
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James O. Westcott
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Caroline Westcott
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: August 3rd, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	2	hr. min.

9. Birthplace: Delavan, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Retired-Bricklayer
11. Industry or business

FATHER
12. Name: Benjamin Westcott
13. Birthplace: Rhode Island (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah Tyler
15. Birthplace: Rhode Island (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Caroline Westcott
(b) Address: 4027a Kossuth Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethlehem Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Boulevard
19. (a) JUN 8 1948 (Date received local registrar) (b) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1948 hour 11 minute 28 P.M.
21. I hereby certify that I attended the deceased from May, 1948 to June 5, 1948 that I last saw him alive on June 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia:	
Senility:	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of Sigmoid:	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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: Louis Bissell M.D.
Address: 4901 Eastern Ave. City Date signed: 6-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 John A. Nelman

Licensed Embalmer No. 4186

P. O. Address St Louis Mo

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.