

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18766
4345

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No. 1				d. STREET ADDRESS (If rural, give location) 2832 Merramec			
3. NAME OF DECEASED (Type or Print) a. (First) George H. b. (Middle) Westermann c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 5/13/50				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/12/1876		9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Days 11	11. UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe repair		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Rudolph Westermann		13b. MOTHER'S MAIDEN NAME don't know		14. NAME OF HUSBAND OR WIFE Augusta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 491-26-2185		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. Bradley 6423 Vermont			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr 2nd dorsal vertebra and ANTECEDENT CAUSES Fr ribs, causing large hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Dislocated cervical vertebra; Fr left femur at neck, when he DUE TO jumped from a second floor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Window of City Hospital #1 around 1100 am May 13 1950					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) May 13 50 7:00 A.M.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 978X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1100A m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor, Coroner (Degree or title)			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.15.50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/50	24c. NAME OF CEMETERY OR CREMATORY Old St. Peter and Paul		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRY MAY 15 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Howard 1619 So. Grand			

(Licensed Embalmer's Statement on Reverse Side)

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

ma

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Wm. Bursley

Signed.....
Student Embalmer

Licensed Embalmer No. *3657*

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.