

STANDARD CERTIFICATE OF DEATH

RECEIVED 1 1952

State File No. **33561**
Registrar's No. **8464**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 18 N. Ewing Avenue					
3. NAME OF DECEASED (Type or Print) Zallie		a. (First)		b. (Middle)		c. (Last) West			
4. DATE OF DEATH (Month) (Day) (Year) Sept 5 1952		5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH unk		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) streetcleaner		10b. KIND OF BUSINESS OR INDUSTRY City			
11. BIRTHPLACE (City and State or Foreign Country) Athens, Ga.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry West		13b. MOTHER'S MAIDEN NAME Ella Smith			
14. NAME OF HUSBAND OR WIFE Alice West		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME W. M. Williamson ADDRESS 4244 West St. Ferdinand			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____ 002X				22. I hereby certify that I attended the deceased from 8-21 , 19 52 , to 9-5 , 19 52 , that I last saw the deceased alive on 9-5 , 19 52 , and that death occurred at 6:58 P m., from the causes and on the date stated above.			
23a. SIGNATURE Edward B. Williams (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 9-8-52		24a. BURIAL, CREMATION, REMOVAL (Specify) removal			
24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. ADDRESS 2732 Pine Blvd.			
DATE REC'D BY LOCAL REG. SEP 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. ADDRESS 2732 Pine Blvd.					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James O. Carter* _____

Licensed Embalmer No. *44681* _____

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.