

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4119**

JAN 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **0148**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
c. LENGTH OF STAY (In this place) <b>13 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>121 W. Washington Ave,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>121 W Washington Ave,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Ross</b>		c. (Last) <b>Westervelt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 14 1953</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 31 1873</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Artist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Portrait Painting</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
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13a. FATHER'S NAME <b>Peter D. Westervelt</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Jane Davis</b>		14. NAMES OF HUSBAND OR WIFE <b>Beulah Benton Westervelt</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Gladys N. Sears</b>		ADDRESS <b>Kirkwood 22 Mo.</b>	
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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) <b>Hypertensive cardio-vascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>	
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		443X	
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Generalized arteriosclerosis</b>		<b>many years</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Jan 11, 1953**, to **Jan 14, 1953**, that I last saw the deceased alive on **Jan 14, 1953**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James B. Jones</b>		(Degree or title) <b>MS.</b>		23b. ADDRESS <b>337 W. Sockwood Webster Grove 19 Mo</b>		23c. DATE SIGNED <b>Jan 15, 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>1-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-16-53</b>		REGISTRAR'S SIGNATURE <b>Herkert R. Lomke-M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>		ADDRESS <b>Kirkwood 22 Mo.</b>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William H. Fitzinger*

Licensed Embalmer No.

*4316*

P. O. Address

*Kirkwood, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.