

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27018

State File No.

6860

1003

Registrar's No.

FILED AUG 12 1953

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town)
OR TOWN
St Louis

c. LENGTH OF STAY (in this place)
6 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION
Firm Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo. b. COUNTY St Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN
Mehlville

d. STREET ADDRESS (If rural, give location)
Rt 8 Box 1035 (Kerth Rd)

3. NAME OF DECEASED (Type or Print)

a. (First) Joan b. (Middle) Evelyn c. (Last) Westhouse

4. DATE OF DEATH (Month) (Day) (Year)
July 10 1953

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 15 1936

9. AGE (in years last birthday) 16
10. IF UNDER 1 YEAR: Months 9 Days 25 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
School Work

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
St Louis County

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME
Arthur Westhouse

13b. MOTHER'S MAIDEN NAME
Evelyn Creelius

14. NAME OF HUSBAND OR WIFE

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.
None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Mr Arthur Westhouse Rt 8 Box 1035 Mehlville Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)
705.4

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to date, 1953, that I last saw the deceased alive on July 10, 1953 and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Joseph Grindon Jr.

23b. ADDRESS
539 N Grand Blvd

23c. DATE SIGNED
7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
July-13-53

24c. NAME OF CEMETERY OR CREMATORY
New St Johns Cem.

24d. LOCATION (City, town, or county) (State)
Mehlville Mo.

DATE REC'D BY LOCAL REG.
JUL 13 1953

REGISTRAR'S SIGNATURE
J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
Fey Funeral Home 100 Lemay Ferry Rd Mehlville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *Ben C. Hollman* _____

Licensed Embalmer No. *4366* _____

P. O. Address *Harris 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.