

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14484

APR 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 940

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. CITY OR TOWN <u>Florissant</u> <sup>4051</sup>	
c. LENGTH OF STAY (In this place) <u>13 Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 Costello St.</u>		e. STREET ADDRESS (If rural, give location) <u>330 Costello St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Westerling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1954.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 21, 1887</u>	9. AGE (In years, last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Electric</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rockford, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Issac Westerling</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Peterson</u>	14. NAME OF HUSBAND OR WIFE <u>Adeline A. Westerling</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>343-0145079A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adeline Westerling</u>	ADDRESS <u>Florissant</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of rectum</u>		<u>months</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of rectum inoperable</u> <sup>154X</sup>	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 June, 1953, to 21 April, 1954, that I last saw the deceased alive on 20 April, 1954, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Guly</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>212 Pleasant Ferguson, Mo.</u>	23c. DATE SIGNED <u>4/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/21/54.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arcacia, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois.</u>
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DATE REC'D BY LOCAL REG. <u>4/21/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel</u>	ADDRESS <u>Ferguson, Mo.</u>
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(Licensed Embalmer - Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
Signature of Student Embalmer

Signed *Eleanor Province*.....

Licensed Embalmer No. *340*.....

P. O. Address *Jennings*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.