

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32467

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2051

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 OR TOWN <u>Clayton</u>)		c. CITY OR TOWN <u>Maplewood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 wks</u>		STREET ADDRESS (If rural, give location) <u>7703 Folk Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>B.</u> c. (Last) <u>West</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Post Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George N. West</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Frethy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary West</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary West</u> ADDRESS <u>Above</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Abscess - Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary congestion</u>		
	DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subcapital fracture of LT. Hip</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 8-3-, 1954, to 8-23, 1954, that I last saw the deceased alive on 8-23, 1954, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Jack L. Hagadorn M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED <u>8/24/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/25/54</u>	REGISTRAR'S SIGNATURE <u>Richard R. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Smith</u> ADDRESS <u>Maplewood, 17, Mo.</u>
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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.....
Signature of Student Embalmer

Signed *H. E. Bungees*.....

Licensed Embalmer No. *402*

P. O. Address *Maplewood,*

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.