

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046497

STATE FILE NUMBER 11716

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11716

FILED DEC 22 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Clair, 0360	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosps, Inc.		d. STREET ADDRESS Route No. 1, (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Noah - - West		4. DATE OF DEATH Month Day Year Dec. 4, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B&B Carpenter		9b. KIND OF BUSINESS OR INDUSTRY Railroad	9c. AGE (In years last birthday) 78 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B&B Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Railroad	10c. BIRTHPLACE (City and state or country) Kentucky
11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas M. West		14. MOTHER'S MAIDEN NAME Lovie Ann Swam	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 702-18-9482	
17. INFORMANT Minnie West R.R. #1 St. Clair, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia, Right Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Vascular Hemorrhage DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 16 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Nov. 18, 1958, to Dec. 4, 1958 and last saw him alive on Dec. 4, 1958. Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R C Newman M.D.		22b. ADDRESS 1755 South Grand Blvd.,	
22c. DATE SIGNED 12-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cem.	23d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)
24. FUNERAL DIRECTOR Kriegshauser Mortuary - St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. DEC 5 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stovessand*

Licensed Embalmer No.

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.