

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-004220**

**FILED VS JAN 22 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 149** STATE FILE NUMBER

|  |  |   |   |   |   |  |   |       |
|--|--|---|---|---|---|--|---|-------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |  |   |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in 1b  |   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Do A City Hosp # 1.</b>  |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>8817 Lowell</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HARRY</b> Middle <b>H.</b> Last <b>WESTMAN</b><br><i>(aka as Harry Westman)</i>  |  |   |   | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>2nd</b> Year <b>1960</b>  |   |  |   |       |
| 5. SEX<br><b>male</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>2/12/89</b>   |   |       |
| 9. AGE (last birthday)<br><b>70</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |   | IF UNDER 24 HR<br>Hours _____ Min. _____  |   |  |   |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired dress cutter</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Clothing</b>                      |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |       |
| 13a. FATHER'S NAME<br><b>Frank Westman</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Theis</b>                           |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Louise Westman</b>   |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>493-03-3077</b>                             |   | 17. INFORMANT Address<br><b>Alma Amrhein, 8817 Lowell</b>           |  |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cirrhosis of Liver</b><br>DUE TO (b) <b>Chronic Interstitial Nephritis</b><br>DUE TO (c) <b>581.0</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5</b>  |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | 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<br>Hour _____<br>a.m. _____<br>p.m. _____  |  | Month, Day, Year  |   |   |   |  |   |       |
| 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 _____ to _____ and last saw her _____ on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |   |   |  |   |       |
| 22a. SIGNATURE<br><i>John M. [Signature]</i> (Degree or title)   |  |   |   | 22b. ADDRESS<br><b>1300 Clark</b>   |   |  | 22c. DATE SIGNED<br><b>1-6-60</b>   |       |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  |  | 22b. DATE<br><b>1/7/60</b>  |   | 22c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |   | 22d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>  |   |       |
| 24. FUNERAL DIRECTOR<br><b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>  |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 6 1960</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>Loant Smith, M.D.</i><br><b>S.P.</b>   |   |       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John D. Harris*

Licensed Embalmer No. 4108

P. O. Address St Louis

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.