

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

Registration District No. 791File No. 43439

or

Village \_\_\_\_\_

Primary Registration District No. 1003Registered No. 11364

or

City St Louis (NO. 1725 Bacon St., 20 Ward)

[If death occurred in a hospital or institution, give its NAME (instead of street and number)]

FULL NAME Hermann J. Westphalen

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH

MaleWhiteMarriedDec.  
(Month)26  
(Day)1911  
(Year)

DATE OF BIRTH

Jan. 6  
(Month) (Day)1855  
(Year)I HEREBY CERTIFY, that I attended deceased from Dec. 23, 1911, to Dec. 26, 1911,

AGE

56 yrs. 11 mos. 10 ds.If LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.?that I last saw him alive on Dec. 25, 1911,  
and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

OCCUPATION

(a) Trade, profession, or particular kind of work

Editor

(b) General nature of industry, business, or establishment in which employed (or employer)

Private

BIRTHPLACE

(City or town, State or foreign country)

Germany

Contributory

(SECONDARY)

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER

Unknown

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Germany

(Signed)

A. F. Book M. D.Dec. 26, 1911(Address) 1129 N. Grand

MAIDEN NAME OF MOTHER

Unknown

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. WestphalenWhere was disease contracted  
If not at place of death?

Former or usual residence

(ADDRESS) 4734 1/2 McMillan Ave

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

BethaniaDec 28, 1911

UNDERTAKER

ADDRESS

Miller, R. ColemanFiled DEC 23 1911191 A. B. Stroogras

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

