

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

Do not use this space.

20347

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. Eu Route to City Hosp #1) St. .... Ward)

File No. ....  
Registered No. 6062

**2. FULL NAME**

Henry J Westbrock  
(a) Residence. No. 10 N. 9th St. St. 25 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Westbrock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>abt</u>	<u>60</u>	<u>✓</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Westbrock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

14. INFORMANT Edward Westbrock (Address) 6329 Belmont

15. FILED 3 1929 May 2 Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31, 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... 1:12 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carbolic Acid Poisoning  
(Self administered) at Ryan  
Bank 1630  
(duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) Suicide  
(duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED..... (IF NOT AT PLACE OF DEATH).....  
(DID AN OPERATION PRECEDE DEATH?..... DATE OF.....)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) [Signature] M.D.  
6/3, 1929 (Address) [Signature]

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Luth. DATE OF BURIAL 6/4 1929

20. UNDERTAKER Ziegenhein Bros ADDRESS Cherokee St

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.

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