WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

REC'D JAN 11 1939

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

791 1008

41211
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 10903
(c) City ST. LOUIS (d) Street No. DE PAUL HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 235 HENRY WESTENDORF
(a) Residence, No. 7161 WEST PARK St. N.R. RICHMOND HTS.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SOPHIE WESTENDORF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 25 1855

7. AGE: YEARS 83. MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MECHANIC
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAVENPORT IOWA.

FATHER
13. NAME ULRICH WESTENDORF
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME FREDRICKA LAMPING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT (ADDRESS) MRS. FRANCES VOSS

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. PETER & PAUL CEM. DATE DEC. 20, 38

19. FUNERAL DIRECTOR (ADDRESS) Croghan Und. Co. Inc. 7146 MANCHESTER AVE

20. FILED DEC 20 1938 J. D. Bedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938 to Dec 17, 1938
I last saw him alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
General arterial sclerosis

Date of onset

Other contributory causes of importance:
Senility
Inability to eat

Name of operation ..... Date of .....
What test confirmed diagnosis? Same Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Neal Fowler, M. D.
(Address) 5914 Delmar

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, FRANCIS A. WILLIAMSON, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

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.)