

No. 2
13-40
17-39
X2315a

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8403**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home for the Aged** **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ANNA WESTPHAL**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **December 20, 1879**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **18** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **6**

12. Name **Leopold Matt**

13. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaretha Beller**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. Matt**
(b) Address **5824 Nottingham Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 11, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **J. H. Gebken & Co.**
(b) Address **2842 Meramec St.**

19. (a) **OCT 9 1940** (b) **J. H. Gebken**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis,** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3400 So. Grand Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8th**
year **1940.** hour **6** minutes **P.** M.

21. I hereby certify that I attended the deceased from **Oct 8** to **Oct 8**, 19**40**,
that I last saw him alive on **Oct 8**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion of L.V.**
Due to **Coronary Disease**
Due to **Stiff Arteries**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **—**
Of autopsy **—**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **—**

(b) Date of occurrence **—**

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify means of injury)

23. Signature **J. H. Gebken** (M. D. or other) **1**
Address **Miss Club Bldg** Date signed **1940**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Joseph S. Benz....., Registered Apprentice No. 218
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120
2842 Meramec St.
P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.