

STANDARD CERTIFICATE OF DEATH

44040

JAN 23 1941

State File No. _____

Registration District No. 1151 814Primary Registration District No. 4588 6067Registrar's No. 23

1. PLACE OF DEATH:

- (a) County Scott
- (b) City or town R. F. D. Moreland Township
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
- In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Paul George Westrich

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

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1891
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>49</u> | <u>9</u> | <u>17</u> | hr. _____ min. |

9. Birthplace New Hamburg, Scott County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

- MOTHER FATHER { 12. Name Frank Westrich
13. Birthplace Scott County
(City, town, or county) (State or foreign country)
14. Maiden name Mary Scherer
15. Birthplace Scott County
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Monica Wilkins

- (b) Address Commerce, Mo. R. F. D.

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Augustine Cem., Kelsa, Mo.

18. (a) Signature of funeral director Walthers

- (b) Address Cape Girardeau, Mo.

19. (a) Dec 29, 1940 (b) Fossil Bray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Scott
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____ (If rural, give location)
- (e) If foreign born, how long in U. S. A.? U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1940 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

- that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

- Immediate cause of death skull fracture on left side; forehead; badly mangled left side of face; loss of blood. Duration ✓
- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations _____

- Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

- (a) Accident, suicide, or homicide (specify) Accident

- (b) Date of occurrence December 25th, 1940 Benton

- (c) Where did injury occur? Highway #61; 3 miles N of

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

- (Specify type of place)

- While at work? _____ (e) Means of injury _____

23. Signature Chas M O (M.D. number) 5

- Address Chas M O Date signed 1/27/41

210 M
9/8

RECEIVED

District Health Officer No. 2

District File Number 141-2

Date Filed 1/2/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. Rister
Licensed Embalmer No. 3980
P. O. Address Cape Girardeau, 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.

Dear Mr. [redacted]oe:

We are still at a loss to know just where to file the death certificate of Paul Geo. Westrick, who was killed on the highway Dec. 25, 1940.

In your opinion was this man struck by a car? If not to what do you attribute his death?

We classify all death here and this one is rather confusing in as much as it being an accident we are wondering just what was the cause of death. Could you give us this further information? Am sorry to bother you again but we wish to classify the death

J. C.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 44040

Registration District No. 814

Primary Registration District No. 6063

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Moreland T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Paul Geo. Westrick

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years 49 Months 9 Days 17 If less than one day _____ hr _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Dec day 25 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
on left side of face
head - Badly fractured
left side of face
lacerations of blood

Due to No. Epi. Witness to Accident
Body found on Highway #61 (3 mi)
North of Putney, State

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Maintained highway
Truck Body or some other
Motor driven machine

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence Dec 25 - 1940 Bentz

(c) Where did injury occur? Highway 3 mi west of
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 61

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul Geo. Westrick (Registrar's signature)
Address Putney Mo Bentz Co Date signed 12/26/40

SUPPLEMENTARY
712 1/2

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