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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 21611

Registrar's No. 1638

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7019 Pershing Ave.
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7019 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

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3. (a) PRINT FULL NAME Henry A. Westphale

3. (b) If veteran, name war no

3. (c) Social Security No. 488-01-0007

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor Westphale

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 8 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	26	____ hr. ____ min.

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

10. Usual occupation Accountant

11. Industry or business ____

FATHER
12. Name Henry Westphale
13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Bernadine Frischenmeyer
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Eleanor Westphale
(b) Address 7019 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) 7-6-48 (Date received local registrar) (b) Cecil A. Sharp MO (Registrar's signature) CSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1948 hour 3.32 minute A.M.M.

21. I hereby certify that I attended the deceased from Aug 31, 1946 to July 4, 1948
that I last saw him alive on July 3 ~~49~~, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cachexia

Due to carcinoma stomach

Due to 46b

Other conditions carcinoma glands liver, and lungs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy no

Duration
2 months
8-31-46

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) ____

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Joseph Magidson (M. D. or other) MD

Address 5 20 Westgate Date signed 7-6-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. Magidson
520 Westgate Ave.
6-8 10-12
Ca. 8853

10-a.m.

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.....

Licensed Embalmer No. 2675

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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