

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24481

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 140

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1506 Watson St	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) A	c. (Last) Westhoff	(Month) July	(Day) 11	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 21 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Labourer		11. BIRTHPLACE (State or foreign country) Wentzville Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry F Westhoff		13b. MOTHER'S MAIDEN NAME Catherine Dickbrede		14. NAME OF HUSBAND OR WIFE Anna	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-18-2890	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Westhoff 1506 Watson St			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease	DUPLICATE					Unknown
ANTECEDENT CAUSES	DUE TO (b) Essential Hypertension					Unknown
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) None					142X
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from June 22, 1949, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don Z. Randall, M.D.	23b. ADDRESS 207 N. 5th St. St. Charles, Mo.	23c. DATE SIGNED July 13, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14 1949	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) St Charles Mo
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DATE REC'D BY LOCAL REG. 8/18/49	REGISTRAR'S SIGNATURE Francis H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Wardman Bone	ADDRESS St Charles
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District File Number _____
District Health Officer No. 9,
RECEIVED AUG 12 1949

JUL 12 1956

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Arthur C. Baus

Signed _____
Student Embalmer

Licensed Embalmer No. 3155

P. O. Address St. Charles, 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.