

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15482

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1024

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (If in this place) <b>51 days</b>		d. STREET ADDRESS (If rural, give location) <b>3915 ITASKA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>	b. (Middle) <b>J.</b>	c. (Last) <b>WESTRICH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 19, 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12/29/90</b>	9. AGE (In years last birthday) <b>59</b>	If under 1 year Months <b>3</b>	If under 1 year Days <b>20</b>	If under 1 min. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHIPPING CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO,</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JACOB WESTRICH</b>	13b. MOTHER'S MAIDEN NAME <b>MADELINE FLORY</b>	14. NAME OF HUSBAND OR WIFE <b>ELSIE WESTRICH</b>
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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) <b>YES WW-1</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	ADDRESS _____
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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, asthenia, 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) <b>HYPERTENSIVE CARDIO-VASCULAR DISEASE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERALIZED ARTERIOSCLEROSIS</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **2/28**, 1950, to **4/19**, 1950, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John W. Daake</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VAH, JEFF BRKS., MO.</b>	23c. DATE SIGNED <b>4/19/50</b>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>BURIAL</b>	24b. DATE <b>4/22/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-20-50</b>	REGISTRAR'S SIGNATURE <b>Herbert H. Wambe</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JOHN L. ZIEGENHEIN &amp; SONS FUN. HOME</b>	ADDRESS <b>7027 GRAVOIS, ST. LOUIS, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank J. Swann*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2245

P. O. Address So. Louisiana

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.