

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25405
Registrar's No. 5914

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 265 Union Blvd.				c. CITY (If outside corporate limits, write RURAL and give township) 120 TOWN St. Louis		b. COUNTY 2129	
d. STREET ADDRESS 265 Union Blvd.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) BENJAMIN - SAMUEL - WESTHEIMER			4. DATE OF DEATH July 8, 1950				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 1876 Feb. 12, 1874-74-76	
9. AGE (In years last birthday) 4 27		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dealer		10b. KIND OF BUSINESS OR INDUSTRY Liquor		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Westheimer		13b. MOTHER'S MAIDEN NAME Johanna Haas		14. NAME OF HUSBAND OR WIFE Rita Westheimer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. E. Westheimer-6379 Waterman			
18. CAUSE OF DEATH (Specify only one cause per line for (a), (b), and (c)) Cancer 6 M		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Carcinomatosis</i> ANTECEDENT CAUSES <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Primary Carcinoma of Colon</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i> <i>4 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>15th</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr. 1949</i> , to <i>July 8, 1950</i> , that I last saw the deceased alive on <i>July 8, 1950</i> , and that death occurred at <i>11 P. M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Veronica E. Cook M.D.</i>				23b. ADDRESS <i>508 N. Grand</i>		23c. DATE SIGNED <i>7/9/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7/10/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph, Mo.</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>7/10/50</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hermann Kopp, Inc 5216 Delmas</i>			

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

5914

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2540550

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5924

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for Benjamin Samuel Westheimer ~~xxx~~ ^{xxx} died 7-8-1950 ~~xxx~~, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Feb. 12 1876

Instead of _____ Feb. 12 1874

Item No. 9 should read Age 74

Instead of _____ Age 76

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Herman Rindshoff Inc
Per Arthur F. Baskin
5216 Delmar
Present Address.

Fun. Dir

Subscribed and sworn to before me this 29 day of July, 19450

My Commission expires 3-4-53 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.