

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1950

State File No. 39168
9312
Registrar's No.

318
600

1003
811

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 39168 9312	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4322w West Papin				f. STREET ADDRESS (If rural, give location) 4322 West Papin			
3. NAME OF DECEASED (Type or Print) a. (First) Sivilla b. (Middle) L. c. (Last) Westphal			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31 1881		9. AGE (In years) (Month) (Day) (Year) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Woodville Pa.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles Krey		13b. MOTHER'S MAIDEN NAME Margaret Miller		14. NAME OF HUSBAND OR WIFE Chas Westphal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas Westphal 4322 West Papin			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>myocarditis</i>					INTERVAL BETWEEN ONSET AND DEATH 3 months
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <i>overcompression of heart my muscle enlarged</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/222			
22. I hereby certify that I attended the deceased from <i>Sept 13 1950</i> to <i>Oct 31 1950</i> , that I last saw the deceased alive on <i>Oct 30 1950</i> , and that death occurred at <i>12:15 AM</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Edward J. Schumacher M.D.</i>				23b. ADDRESS 3908 Olivet		23c. DATE SIGNED Nov 1 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 11-3-50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Count		
DATE RECEIVED BY LOCAL REG. NOV 2 1950		REGISTRAR'S SIGNATURE <i>J.P. Kessler</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.			

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.....

Jack Haupt

Signed.....

Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St. Louis 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.