

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28851

State File No.

7329

Registrar's No.

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> <u>2139</u>	
c. LENGTH OF STAY (in this place) <u>MO. 3 Sd</u>		d. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmary.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clara</u>	b. (Middle) _____	c. (Last) <u>Westphal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1951.</u>
-------------------------------------	-------------------------	-------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 30, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
----------------------	-------------------------------	--	---------------------------------------	---	------------------------------	----------------------------	------------------------------	------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Phillip Westphal</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Kline</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary Records</u>	ADDRESS <u>5800 Arsenal St.</u>
--	-------------------------------------	---	---------------------------------

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, ashenia, 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) <u>Generalized arteriosclerosis with</u>			<u>1950 plus.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral and cardiac components</u> DUE TO (c) <u>leading</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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? <u>4500</u>
--	--	--

22. I hereby certify that I attended the deceased from July 12, 1951, to Aug. 15, 1951, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Palmer Pusine Bowditch M.D.</u>	23b. ADDRESS <u>5800 Arsenal St.</u>	23c. DATE SIGNED <u>Aug. 15, 1951</u>
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>AUG 17 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Witt Bros. L. & U. Co.</u>	ADDRESS <u>2929S. Jefferson ave.</u>
---	--	--	--------------------------------------

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.