

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20165**

FILED MAY 28 1953

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 1327
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	c. LENGTH OF STAY (in this place) DOA	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4597		
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. L. County Hosp.		d. STREET ADDRESS (If rural, give location) 105 Willis		
3. NAME OF DECEASED (Type or Print) a. (First) Dan		b. (Middle) _____	c. (Last) Westfall	4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953
5. SEX Male	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1892	9. AGE (In years last birthday) Months Days 61 10 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Agriculture Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chesterfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jake Westfall		
13b. MOTHER'S MAIDEN NAME Lina Hawkins		14. NAME OF HUSBAND OR WIFE Ollie Westfall		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Westfall--105 Willis
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* unknown natural causes INTERVAL BETWEEN ONSET AND DEATH unk ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 2. 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Herbert R. Domke		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 3/20/53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-15-53	24c. NAME OF CEMETERY OR CREMATORY West Gumbo Cemetery	24d. LOCATION (City, town, or county) (State) West Gumbo, Missouri
DATE REC'D BY LOCAL REG. 4-12-53		REGISTRAR'S SIGNATURE Herbert R. Domke - MV		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney

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

4002
3

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.....

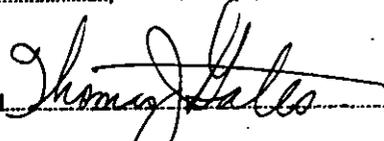
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.