THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

541

State File No. 23337

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1667

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Webster Groves~~ Clayton

c. LENGTH OF STAY (In this place): ~~11 years~~ 1004

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 007

d. STREET ADDRESS (If rural, give location): 105 Willis Avenue 1

3. NAME OF DECEASED (Type or Print): a. (First) Wilford b. (Middle) V. c. (Last) Westfall

4. DATE OF DEATH (Month) June (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 7, 1935

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 9, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Chesterfield, Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Charles Westfall

13b. MOTHER'S MAIDEN NAME: Jeanette Brooks

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Jeanette Westfall, ADDRESS: 3118 Pine St.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain damage, caused by a 22 cal. rifle bullet fired by Ethel Lee Goldsmith in her home at 115 Willis in Webster Groves, as the deceased was attempting to force his way into the Goldsmith home through a window.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

E981X

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Justifiable Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 115 Willis Ave.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webster Groves St. Louis Mo. 130

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-13-53 2:00 A. m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? Gunshot Wound

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: Arnold J. Wellman (Degree or title): Coroner

23b. ADDRESS: Clayton, St. Louis County, Mo.

23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Chesterfield

24d. LOCATION (City, town, or county) (State): Chesterfield, Missouri

DATE REC'D BY LOCAL REG.: 6-16-53

REGISTRAR'S SIGNATURE: Herbert R. Doinke-M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Charles J. Gates, ADDRESS: 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 Aven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.