

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32572

State File No. ....

FILED OCT 14 1954

BIRTH NO. 75419-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2270

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7715 Snowden</u>	
3. NAME OF DECEASED a. (First) <u>BARV THERESA</u> b. (Middle) <u>MARY</u> c. (Last) <u>WESTHOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-54</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 21 1954</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS COUNTY MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>HERBERT WESTHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>BERNICE DU RUIZ</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT WESTHOFF</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>7715 SNOWDEN RICHMOND HEIGHTS, MO.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2:15 mi.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Premature Rupture B. O. W.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>		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?	
22. I hereby certify that I attended the deceased from <u>21 Sep</u> , 19 <u>54</u> , to <u>21 Sep</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>21 Sep</u> , 19 <u>54</u> , and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lee A. Hull</u>		23b. ADDRESS <u>m. r. o 634 N. Grand Ave</u>	23c. DATE SIGNED <u>23 Sep 54</u>
24a. BURIAL CREMATION (Specify)	24b. DATE <u>SEPT. 27 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
DATE REC'D BY LOCAL REG. <u>9/27/54</u>	REGISTRAR'S SIGNATURE <u>Heather K. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stewart &amp; Sons</u>	
(Licensed Embalmer's Registration on Reverse Side) <u>1225 Union Blvd</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 *Melvin L. Kemp*

Licensed Embalmer No. *405-2*

P. O. Address *3505 Oakdale*

*St. Louis 20, 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.