

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007278  
STATE FILE NUMBER  
2 1830  
Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

FILED MAR 10 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BUSCH BREWERY</b>		d. STREET ADDRESS (If outside, give location) <b>4078 SCHILLER PL</b>	

3. NAME OF DECEASED (Type or print) First <b>VINCENT</b> Middle <b>T</b> Last <b>WESTRICH</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>19</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 24 1915</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BEER BREWER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUSCH BREWERY</b>		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	
13. FATHER'S NAME <b>JACOB WESTRICH</b>			14. MOTHER'S MAIDEN NAME <b>ALMA HAENSSNER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-10-5647</b>		17. INFORMANT <b>DOROTHY WESTRICH 4078 SCHILLER PL</b>	

18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>420.1</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **11:52** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert E. Taylor</b> (Degree or title)	22b. ADDRESS <b>1300 Clarkson</b>	22c. DATE SIGNED <b>2/23/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 23 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST PETER &amp; PAUL</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS</b>	(State) <b>MO</b>
24. FUNERAL DIRECTOR <b>Thomas Kuttia 2906 Gravoia</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 20 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.,

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James C. [unclear]* \_\_\_\_\_

Licensed Embalmer No. *4*

P. O. Address *2606*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.