

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045951

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED JAN 3 1962

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>O'Fallon</u>	Length of stay in 1b <u>56 yrs</u>	c. CITY OR TOWN <u>O'Fallon</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>138 S. Main St.</u>		d. STREET ADDRESS (If outside, give location) <u>910 Jacobs Ln.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Adam</u> Last <u>Westhoff</u>	4. DATE OF DEATH Month <u>Dec</u> Day <u>21</u> Year <u>1961</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-10-1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Assembler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	11. BIRTHPLACE (City and state or country) <u>O'Fallon</u>	12. CITIZEN OF WHAT COUNTRY <u>u.s.a.</u>
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13a. FATHER'S NAME <u>John A. Westhoff</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn Werner</u>	14. NAME OF HUSBAND OR WIFE <u>Irene M. Griesenauer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	17. INFORMANT <u>Mrs. Westhoff</u>	Address <u>O'Fallon</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio sclerosis</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month _____ Day _____ Year _____
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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
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21. I attended the deceased from Dec 20, 1961 to Dec 21, 1961 and last saw him alive on Dec 21, 1961
Death occurred at 4:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Harold G. Mangold DO</u>	22b. ADDRESS <u>O'Fallon Mo</u>	22c. DATE SIGNED <u>12-24-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 26, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Churel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>O'Fallon, Mo</u>
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24. FUNERAL DIRECTOR <u>Keithly-Davis Chapel</u>	ADDRESS <u>O'Fallon, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 26-1961</u>	26. REGISTRAR'S SIGNATURE <u>Edith Kelly</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1962

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 _____
Signature of Student Embalmer

Signed Jerry A. Davis

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.