

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

31749

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003 File No. ....  
 City St. Louis (No. 1502<sup>nd</sup> Cass Ave.) Registered No. 9100 St. .... Ward)

**2. FULL NAME**

Henry S. Westerfield  
 (a) Residence. No. .... St. 25 Ward. Chicago Ill.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berna Westerfield  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Act 45 ✓ ✓  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work District Manager  
 (b) General nature of industry, business, or establishment in which employed (or employer) Continental Baking  
 (c) Name of employer 131 ave

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ✓ ✓  
 12. MAIDEN NAME OF MOTHER ✓ ✓  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ✓ ✓

14. INFORMANT Dr. R. J. Zell  
 (Address) Crooner

15. FILED 13 1027 Mar 6 Starkloff  
 19 1927 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1927  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Myocarditis  
Coronary Thrombosis  
Myocardial Infarction  
 (duration) yrs. mos. ds.  
 (SECONDARY) (duration) yrs. mos. ds.  
1290

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? .....  
 8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS?  
B. P. V. S. (Signed) M. D.  
 1927 (Address) Crooner  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago Ill DATE OF BURIAL 1916 1927

20. UNDERTAKER Southern ADDRESS 315 S. 13th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

