MAR 26 1928

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 4248 B

File No. 6291
Registered No. 57

2. FULL NAME Robert Westhold
(a) Residence. No. 2709 Hickory St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 15 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Westhold Wife

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 4 1901

7. AGE: 27 Years | Months: 0 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS
10. NAME OF FATHER: Henry F Westhold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis
12. MAIDEN NAME OF MOTHER: Emelia Woerheide
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

14. INFORMANT: R Koch Hospital Records
(Address) Koch Mo.

15. FILED: Feby 14 1928 L. C. Obrod M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1923 to Feb. 14, 1928 that I last saw him alive on Feb. 14 1928, and that death occurred, on the date stated above, at 1:54 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tbc.
23A
31
About 5 years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Lung Abscess
Acute (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Diagnosis, Sputum
(Signed) Chas. V. Rosen, M. D
(Address) 2714 28

*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: St. Peters Cemetery
DATE OF BURIAL: Feb. 16 1928

20. UNDERTAKER: J. H. Gebken
ADDRESS: 2842 Miramar

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.

JAN 29 1951