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

Do not use this space.

11413

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Alexian Bros. Hospital, St. ..... Ward)

File No. .....

Registered No. 3255

2. FULL NAME William Westendorf.

(a) Residence. No. 3451 Montana Street. St., 15 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Westendorf.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25. 1844.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	5	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired- 10 years.

(b) General nature of industry, business, or establishment in which employed (or employer) Collector.

(c) Name of employer Publishing Co.,

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

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Clara Westendorf
(Address) 3451 Montana Street.

15. FILED 3 29 1928 May C Stark Wff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/20

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to March 20, 1928 that I last saw him alive on March 20, 1928, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fract R Hip

Fall to floor at home accident (duration) yrs. mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH? Alex Bros Hospital

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? X Ray for frac Hip

(Signed) W E Holdenried, M.D

March 21, 1928 (Address) 4504 Virginia

*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	DATE OF BURIAL
SS. Peter&Paul Cemetery	Mar. 23 1928

20. UNDERTAKER	ADDRESS
J.H. Gibson L. Aw H. Co	2842 Meramec

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD