

APR 9 1935

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

Do not use this space.

11125

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis, Mo.* (No. *City Infirmary*)

File No.....
Registered No. **2756**
St. (Ward)

2. FULL NAME

Fred Westrich
(a) Residence, No. *5800 Arsenal St.* St. *13* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 19 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saxony Germany*

13. NAME *Fred Westrich*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *J. H. Sullivan 5800 Arsenal St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis U* DATE *3-11-35*

19. UNDERTAKER (ADDRESS) *Walter Richter 3500 Rutgers St*

20. FILED *MAR 25 1935* *J. H. Bedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 3 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 31 1935* to *Mar. 3 1935*
I last saw him alive on *Mar. 3 1935* Death is said to have occurred on the date stated above, at *10:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset *3-1-35*

Other contributory causes of importance: *93C*

Chronic myocarditis 1934

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

(Signed) *Marvin J. Haw* M. D.
(Address) *5600 Arsenal St*

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.

OCCUPATION
MOTHER
FATHER

16
31
32

188
188

THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

RECEIVED
JAN 10 1958

DEPT. OF CHEMISTRY
5800 S. DICKINSON ST.
CHICAGO, ILL. 60637

TO: [Name]
FROM: [Name]

RE: [Subject]

DATE: [Date]

TIME: [Time]