

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

State File No. **34563**  
Registrar's No. **266**

**FILED NOV 7 1946**  
Registration District No. **306**

Primary Registration District No. **6048**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **O'Fallon Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Francis Westhoff**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Westhoff deceased** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **St. April 14 1947**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **14** If less than one day: **\*\*\*\*\*** min. hr.

9. Birthplace **St. Charles Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Hoeelkelmann** **9**

13. Birthplace **not known**  
(City, town, or county) (State or foreign country)

14. Maiden name **Schulte**

15. Birthplace **Not known** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Theresa Duello**

(b) Address **O'Fallon Mo.**

17. (a) **Burial** (b) Date thereof **10-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **O'Fallon Mo.**

18. (a) Signature of funeral director **E. A. Keithley**

(b) Address **O'Fallon Mo.**

19. (a) **10-31-46** (b) **E. A. Keithley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Charles**

(c) City or town **O'Fallon Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**  
year **1946** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct. 1947** to **Oct. 1947**  
that I last saw her alive on **10/28** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **(3A)**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **J. W. Murray** (M. D. or other) **MD**  
Address **Wentzville, Mo.** Date signed **10/29/46**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11/17/26

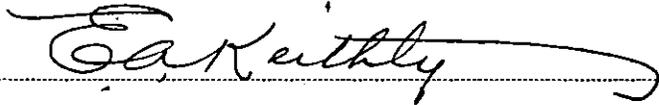
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  


Licensed Embalmer No..... 822

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 this body is not embalmed, fact should be so stated above.**