

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16984

State File No.

BIRTH NO. _____ REG. DIST. NO. 395 PRIMARY REG. DIST. NO. 6097 Registrar's No. 12

1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission) a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flint Hill McCuirre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flint Hill MO Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 3 mi West</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Westhoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug 1-1875</u>
9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Antone Westhoff</u>	
13b. MOTHER'S MAIDEN NAME <u>Mattie</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Westhoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ben Westhoff</u>		ADDRESS <u>Flint Hill MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Syncope</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic Heart Blood</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>5/16</u> 1949, to <u>5/18</u> , 1949, that I last saw the deceased alive on <u>5/18</u> , 1949, and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R.C. McWherry M.D.</u>		23b. ADDRESS <u>Whiteville, MO.</u>	
23c. DATE SIGNED <u>5/20/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>May 21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Therese</u>	
24d. LOCATION (City, town, or county) (State) <u>Flint Hill MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertman</u>	
DATE REC'D BY LOCAL REG. <u>May 28/1949</u>		REGISTRAR'S SIGNATURE <u>Martin P. Buff</u> 408 ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
JUN 6 1949
Date Filed

SEP 12 1950

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed T. C. Pitman

Signed.....
Student Embalmer

Licensed Embalmer No. 2711

P. O. Address Waverlyville, 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.