

FILED DEC 4 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 41365

318

1003

Registrar's No. 11076

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 41365			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4427 Pennsylvania</b>				e. STREET ADDRESS (If rural, give location) <b>4427 Pennsylvania Ave.</b>				15 <b>2159</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>			b. (Middle) <b>O.</b>			c. (Last) <b>Westfall</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20 1953</b>			5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Dec. 2, 1889</b>			9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Millwright</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Nat. Lead Co.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Francisco, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Westfall</b>			13b. MOTHER'S MAIDEN NAME <b>Malissa Combs</b>			14. NAME OF HUSBAND OR WIFE <b>O. Marie Westfall</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>1st World War 497-03-4797</b>		17. INFORMANT'S SIGNATURE OR NAME <b>O. Marie Westfall</b>				ADDRESS <b>4427 Pennsylvania</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 checked="" 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 <b>Nov 20, 1953</b> , to <b>Nov. 20, 1953</b> , that I last saw the deceased alive on <b>Nov. 20, 1953</b> , and that death occurred at <b>8:15P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Wagenbach</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4717 Morganford</b>				23c. DATE SIGNED <b>11/21/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/23/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis Co.</b>		(State) <b>Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 23 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>		ADDRESS <b>2630 Gravois</b>			

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

