

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 80

1. PLACE OF DEATH <u>MOSCOW MILLS MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Lincoln</u>		a. STATE <u>MO</u>	b. COUNTY <u>St Charles</u>
b. CITY (If outside corporate limits, write RURAL and give town)	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township)	
<u>Moscow Mills MO</u>	<u>8 days</u>	<u>Foristell MO Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mobby Wells Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bernard</u>	b. (Middle)	c. (Last) <u>Westhoff</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Oct 24 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 31-1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Anthony Westhoff</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mathe</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Westhoff Winfield MO</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alex Westhoff Winfield MO</u>	ADDRESS <u></u>
--	---------------------------------	--	-----------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u>		
	DUE TO (c) <u></u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
--------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
---	--	------------------------------------

22. I hereby certify that I attended the deceased from June, 1953 to Oct 24, 1954, that I last saw the deceased alive on 10/23, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Mrs Murray MD</u> (Degree or title)	23b. ADDRESS <u>Wentzville, MO</u>	23c. DATE SIGNED <u>10/26/54</u>
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Theodor's</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville MO</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL RES. <u>11-6-54</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T.E. Pitman</u>	ADDRESS <u>Funeral Home</u>
---	---	---	-----------------------------

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

0570
4

