No. 300
10.48

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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36388
Registrar's No. -9132

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Vermillion
c. CITY OR TOWN Danville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 618 Porter St & 120 S

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer
b. (Middle) Edwin
c. (Last) Westfall

4. DATE OF DEATH (Month) (Day) (Year) October 4, 1956

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14-1904
9. AGE (In years last birthday) 52
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groundman
10b. KIND OF BUSINESS OR INDUSTRY Electrical Dept
11. BIRTHPLACE (City and State or Foreign Country) Danville, Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christopher Westfall
13b. MOTHER'S MAIDEN NAME Mary Rodloff
14. NAME OF HUSBAND OR WIFE Luwanda Westfall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. 329-09-4352
17. INFORMANT'S SIGNATURE OR NAME Mrs. Luwanda Westfall, **ADDRESS** Danville, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial Obstruction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 162 x
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1956, *to* Oct 4, 1956, *that I last saw the deceased alive on* Oct 3, 1956, *and that death occurred at* 3:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE James C West (Degree or title) MD
23b. ADDRESS 634 N. Grand St. Louis
23c. DATE SIGNED 10/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-4-56
24c. NAME OF CEMETERY OR CREMATORY Songer Cemetery
24d. LOCATION (City, town, or county) Danville, Illinois, (State)

DATE REC'D BY LOCAL REG. OCT 5 1956
REGISTRAR'S SIGNATURE Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington,
(Licensed Embalmer's Statement on Reverse Side)

MJB.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. W. M. Bumbley

Licensed Embalmer No. 365

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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