Health, Welfare Public Service

300 3 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002599 STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 309 Primary Registration District No. 4455 Registrar's No.

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Portage Des Souix — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Place of Business — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Florissant 0920 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rt#2 Box 135 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle H. Last WESTERHOLD

4. DATE OF DEATH Month Day Year Jan. 5, 1959

5. SEX Male
6. COLOR OR RACE Whtie
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 31, 1893
9. AGE (In years last birthday) 65 — 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) Barrell Mfg.
10b. KIND OF BUSINESS OR INDUSTRY Westerhold Coop.
11. BIRTHPLACE (City and state or country) Augusta, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Westerhold
13b. MOTHER'S MAIDEN NAME Louise Stock
14. NAME OF HUSBAND OR WIFE Gussie (Deiss) Westerhold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. 495-36-7509
17. INFORMANT Address Mrs. Gussie Westerhold Rt#2 Box 135

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, Varicose Veins
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1948, to Death 1/5/59 and last saw her/him alive on Jan 5/59
Death occurred at 2:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm A King [signature]
22b. ADDRESS 8201 / 7, Brooking St Louis 15
22c. DATE SIGNED 1/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/9/59
23c. NAME OF CEMETERY OR CREMATORY Friedens C metery
23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG. Jan 10th 1959
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 19

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.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mi

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

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