

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

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211421

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN Riverview Garden | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 10019 Grosvenor Dr | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Henry F Westphaelinger | | | 4. DATE OF DEATH Month Day Year Dec 8, 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/17/95 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor | | 10b. KIND OF BUSINESS OR INDUSTRY Medicine | | 11. BIRTHPLACE (City and state or country) Inman, Ill | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Henry Westphaelinger | | 13b. MOTHER'S MAIDEN NAME Pauline Papenmeier | | 14. NAME OF HUSBAND OR WIFE Mary E. Greene | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT Address Mary E. Westphaelinger 10019 Grosvenor | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction, acute atherosclerotic heart disease atherosclerotic heart disease 425.0 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertensive cardiovascular disease hypertensive cardiovascular disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 days 4 years |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 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 1956, to 8 Dec 1959 and last saw him alive on 7 Dec 1959 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Ralph V. Gioseliman (Degree or title) Ralph V. Gioseliman MD | | | 22b. ADDRESS 4952 Maryland Ave | | 22c. DATE SIGNED 5 Dec 59 |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Removal | | 23b. DATE Dec 10, 59 | 23c. NAME OF CEMETERY OR CREMATORY Lake Charles | | 23d. LOCATION (City, town, or county) St. Louis Ctv Mo (State) |
| 24. FUNERAL DIRECTOR E. J. Schnur | | ADDRESS 3125 Lafayette | | 25. DATE RECD. BY LOCAL REG. DEC 9 1959 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. LP |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Demore

Licensed Embalmer No. 3793

P. O. Address 3125 Lad

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.