

MAR 28 1961
 AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2536** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2746 Hermitage Ave.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2746 Hermitage Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALVIN Middle WESTENHISER Last			4. DATE OF DEATH Month March Day 14th Year 1961		
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 July 21, 1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 0 Days 23
10a. USUAL OCCUPATION (Give kind of work done or highest held, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Constantine, Mich.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frederick Westenhiser		13b. MOTHER'S MAIDEN NAME M. Hatfield		14. NAME OF HUSBAND OR WIFE Elizabeth Westenhiser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Elizabeth Bouroff 2746 Hermitage		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemiplegia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerosis	
DUE TO (b)	334+	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 12-5-57 to 3-14-61 and last saw him alive on 3-14-61 Death occurred at 10:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE A. H. Bocklage M.D.	(Degree or title)	22b. ADDRESS 3707 Potomac	22c. DATE SIGNED 3-16-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR A. H. BOCKLAGE	ADDRESS 6536 Clayton Rd.	25. DATE RECD. BY LOCAL REG. MAR 16 1961	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.
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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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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.