MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41405

File No. 12088

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 3328 Salena St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Emelie Westermayer

(a) Residence. No. 3328 Salena St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21-1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	4	

8. OCCUPATION OF DECEASED 186A

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Julius Westermayer
(Address) 3328 Salena St.

15. FILED DEC 27 1930, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 - 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1930 to Dec 26, 1930 that I last saw her alive on Dec 26, 1930 and that death occurred, on the date stated above, at 11 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Concussion of Brain (Accidental fall down cellar stairs) at home

(duration) yrs. mos. 3 1 2

CONTRIBUTORY (SECONDARY) Chr. Myocarditis Arthritis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Accident.
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D.

12/26, 1930 (Address) 2001 Cherokee Str

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Pk. DATE OF BURIAL 12-29-1930

20. UNDERTAKER Ziegenhein Bros. ADDRESS 2623 Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD