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

Do not use this space.

41493

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12181

Township ..... Primary Registration District No. 1012 Registered No. 12181

City St. Louis (No. 4821a Natural Bridge Ave Ward)

2. FULL NAME Albert Westholt

(a) Residence. No. 4821a Natural Bridge Ave 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Modern Auto Co

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

PARENTS

10. NAME OF FATHER Henry Westholt

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

12. MAIDEN NAME OF MOTHER Frederick Gerdelmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Louis Heuer
(Address) 4821a Natural Bridge

15. FILED DEC 30 1930 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-24-30 ~~[illegible]~~, 1930, to 12-28-, 1930 that I last saw him alive on 12-28-30, 19.., and that death occurred, on the date stated above, at 4:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis

95 B
93 A

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cardio Nephritis

(duration) ....yrs. 4 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D.
12/29/30 1930 (Address) 3532 Washington Pl

*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	DATE OF BURIAL
Friedens	Dec. 31 1930
20. UNDERTAKER	ADDRESS
Math. Hermann & Son	2161 E. Fair Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.