

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

Do not use this space.

27600

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 30  
City St Louis Mo (No. ....) St. .... Ward)

File No. ....  
Registered No. 7415

**2. FULL NAME**

(a) Residence, No. 7306 Virginia St. 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Late Chas William

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. About 63 years

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Henry Westerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Kathleen Monaghan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) 7306 Virginia St No 101 St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St Olive DATE Aug 15 1932

19. UNDERTAKER (ADDRESS) Southern Bell Co 63701 50 Grand Ave

20. FILED 406 12 13 1932 Miss Starkley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932, to Aug 12 1932

I last saw h. er alive on Aug 11 1932. Death is said to have occurred on the date stated above, at 5 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Aug 1

131 (apoplexy)

Other contributory causes of importance: Ch. Int. nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Samuel, M. D. (Address) 7609 Michigan

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.

