MAY 25 1934

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

Do not use this space.

14115

1. PLACE OF DEATH

County St. Louis — Registration District No. 788 — File No. 47

Township — Primary Registration District No. 4471 — Registered No.

City [illegible] (No. 208 W. Glendale Rd. St. Ward)

2. FULL NAME Ida Westman

(a) Residence, No. 208 W. Glendale Rd. St., 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th. 1837

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	97	2	21	

OCCUPATION

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

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

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) Germany

FATHER

13. NAME Notknown

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

MOTHER

15. MAIDEN NAME Notknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Notknown

17. INFORMANT Ella Westman (ADDRESS) 208 W. Glendale Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem. DATE Apr. 30th. 1934

19. UNDERTAKER Wm Schumacher (ADDRESS) 3013 Meramec St.

20. FILED 4-28- 1934 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1934, to 4/28, 1934

I last saw her alive on 4/27, 1934. Death is said to have occurred on the date stated above, at 12:50 A.M.

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

Hypostatic Bronchopneumonia — Date of onset 4/26/34

Other contributory causes of importance: Senility

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas P Martin, M. D.

(Address) 3903 Lee Av, St Louis, Mo.

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.

3903 W Lee Wt. 0642

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Tel Permit
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