

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

Do not use this space.

38121

NOV 22 1934

1. PLACE OF DEATH
 County St. Louis Registration District No. 1129
 Township Carondelet Primary Registration District No. 62159 File No. _____
 City St. Rose Paul (No. _____) St. _____ Ward _____
 Registered No. 360

2. FULL NAME Mrs Minnie Westegard = (Westegard)
 (a) Residence, No. 872 Academy Ward. St. Louis MI
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At 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) Muskotire Iowa

FATHER 13. NAME Gustave Lundstrom
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT E. J. Westegard
 (ADDRESS) 872 Academy St

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 10-15-1934

19. UNDERTAKER C. R. Kupton & Sons
 (ADDRESS) 4449 Olive St.

20. FILED Oct 13 1934 O. H. McNeil Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23-34, 1934, to 10/12, 1934
 I last saw her alive on 10/12, 1934. Death is said to have occurred on the date stated above, at 8:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1933
20% 23%
 Other contributory causes of importance:
Chronic myocarditis 1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) E. J. Westegard, M. D.
 (Address) 7101 So. Broadway

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.

