

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.

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

Do not use this space.

JUL 12 1935

**791
1003**

18476

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis Mo. (No. St. Baptist Hospital) St. Ward)

File No.....
Registered No. **4830** St. Ward)

2. FULL NAME

Sarah Catherine Wester
(a) Residence, No. 779 Lorles Ave. St., N.R. Ward, Richmond Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph R. Wester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>70.</u>	<u>6.</u>
		<u>19.</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	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) Missouri

FATHER 13. NAME John Hyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Watkins

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Elizabeth Turk
(ADDRESS) 6748 Clayton Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Springs Mo DATE June 2, 1935

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4224 Manchester Ave

20. FILED JUN 1 1935 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1935 to 7/31-1935

I last saw h. alive on 7/31-1935, 1935. Death is said to have occurred on the date stated above, at 110 a.m.

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

Acute Myocardial Infarction
Date of onset

Other contributory causes of importance: 71 W

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) R. K. Andrew, M. D.
(Address) Wall-Beley

2903 *elene*