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.

MAR 25 1936

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

Do not use this space.

8726

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township — Primary Registration District No. 4470 — Registered No. 22
City Shaftra (No. 7045, Forsythe Boul St. Ward)

2. FULL NAME Mary Westerbeck
(a) Residence, No. 7045 Forsythe Boul 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1856

7. AGE YEARS 79 MONTHS 6 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Fort Wayne Ind

FATHER
13. NAME Koestering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Ilda Westerbeck 7045 ~~Forsyth~~ Forsyth Boul.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cem. DATE Feby 5 1936

19. UNDERTAKER (ADDRESS) Beidermeier Funeral Home Inc 1936 St Louis Ave.

20. FILED Feb. 4 1936 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 2, 1936
I last saw her alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	

Other contributory causes of importance:
Arteriosclerosis, gen. sev.

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? No
If so, specify
(Signed) [signature], M. D.
(Address) 618 University Club Bldg

Health Dep.
N. C.