

JAN 25 1937

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

45942

1. PLACE OF DEATH ST. JOSEPH HOSPITAL

County ST. CHARLES Registration District No. 757

Township _____ Primary Registration District No. 3036

City ST. CHARLES (No. ST. JOSEPH'S HOSPITAL)

File No. _____

Registered No. 773

St. _____ Ward _____

2. FULL NAME Wilhelmina A. Westhoff

(a) Residence, No. 1506 WATSON St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 HENRY A. WESTHOFF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69 — 3

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) ST. CHARLES MISSOURI

13. NAME F. X. KREMER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALSACE, FRANCE

15. MAIDEN NAME MRS. BECKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PONT. KNOW

17. INFORMANT HENRY A. WESTHOFF (ADDRESS) ST. CHARLES, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LUTHERAN CEM. DATE DECEMBER 13, 1936

19. UNDERTAKER STEINBRINKER UNDERTAKING CO. (ADDRESS) 301-307 NORTH MAIN, ST. CHARLES, MO.

20. FILED 12-10-36 Blair W. S. Mosser Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936 to December 10, 1936

I last saw her alive on December 10, 1936 Death is said

to have occurred on the date stated above, at 2:40 a. m.

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

Essential Hypertension
Anteroseptal and Coronary Disease?
Diabetic Mellitus
with pyuria + diabetic gangrene of foot.

Date of onset

20 yrs

Other contributory causes of importance:
Chronic Heart Failure
with Cirrhosis of Liver, Anteroseptal
kidneys.

6 yrs

Acute diarrhea with possible
mesenteric thrombosis.

5 days

Name of operation, _____ 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) R. O. Hayden, M. D.

(Address) St. Charles, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

