FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County [illegible]
2 Township [illegible]
7 City Clayton, Mo. (No. 6354 Wydown Bl. 2 St. ..... Ward)

Registration District No. 790
Primary Registration District No. 60339

File No. 3007
Registered No. 10

2. FULL NAME Augusta Woestman.
(a) Residence, No. 6354 Wydown Bl. 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis H. Woestman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1, 1848.

7. AGE: YEARS 88 | MONTHS 2 | DAYS 9 | 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. 260
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. Louis. Missouri. 1

FATHER
13. NAME: Frederick Bergesch.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

MOTHER
15. MAIDEN NAME: Wilhelmina Driemeier.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

17. INFORMANT (ADDRESS): Ida Westerman, 6354 Wydown Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem. DATE: Jan. 12, 1936

19. UNDERTAKER (ADDRESS): Bergesch Undertaking Co., 3661 Washington Bl.

20. FILED 1/11 1937 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10th, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1934, to Jan 10th, 1937
I last saw her alive on Jan 10th, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease

Date of onset

Other contributory causes of importance: Arteriosclerosis, 1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Frank J. V. Krebs, M. D.
(Address) 3500 N Grand Ave

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.