

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin.
Township St. John's
City Washington (No. _____)

Registration District No. 297
Primary Registration District No. 5414

File No. 6692
Registered No. 28
St. _____ Ward 2

2. FULL NAME Charles Frank Westermeyer. 236

(a) Residence, No. Washington, Mo. R.F.D. St. _____ Ward. ✓
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Westermeyer.
~~X~~ (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23rd, 1869.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) 1930. 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Washington.
(STATE OR COUNTRY) Missouri.

13. NAME John D. Westermeyer.

14. BIRTHPLACE (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

15. MAIDEN NAME Clara Brueggeman.

16. BIRTHPLACE (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

17. INFORMANT Miss Rose Westermeyer.
(ADDRESS) Washington, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Feb. 22nd, 1938

19. UNDERTAKER Nieburg & Vitt, Inc.
(ADDRESS) Washington, Missouri.

20. FILED Feb. 21, 1938

N. A. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to Feb. 19, 1938

I last saw him alive on Feb. 18, 1938. Death is said

to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of left side of face and throat. Date of onset March 15-1936

Other contributory causes of importance: none 45

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) J. D. Maupin M. D.

(Address) Washington, Mo.

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.

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