S. No. 2
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SEP 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29642

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1474

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7610 Rannels
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7610 Rannels
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Westermann 236

3. (b) If veteran, name war no

3. (c) Social Security No. 488-03-2100

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Westermann

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 6, 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) 6 (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER 12. Name Henry Westermann

13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Westermann

(b) Address 7610 Rannels

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 4 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 8/1/40, 19..., to 8/3/40, 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 day
Due to: Chr. Endocarditis	5 yrs.
Due to: Chr. Bronchio Asthma	10 yrs.
Other conditions (Include pregnancy within 3 months of death): Heat Prostration	

Major findings:
Of operations — 924
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury —

23. Signature E. E. Neuman (M. D. ~~or other~~)

Address Maplewood Mo Date signed 8/4/40.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maywood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.