

OCT 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30072

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 7349

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 73 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County _____
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4124 Camellia Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1940 hour 1 minute am M.
21. I hereby certify that I attended the deceased from August
14, 1940, to August 31, 1940
that I last saw h. or alive on from August 14-31st, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism
Due to Hypertensive Heart Disease
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULLNAME Mrs. EMMA WESTERHOLT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Henry G. Westerholt 6. (c) Age of husband or wife if alive Deed years

7. Birth date of deceased. March 10th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 21 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Louis Ameling

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

14. Maiden name Marie Kauter

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

16. (a) Informant Ruth Westerholt

(b) Address 4124 Camellia Ave.

17. (a) Burial (b) Date thereof: 9/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Robert Paul Co

(b) Address 3710 N. Grand

19. (a) SEP 2 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Frank E. Dwyer (M. D. or other) _____
Address Missouri Pacific Date signed 9/11/40

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

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 Me

Registered Apprentice No. 238

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St.

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

If this body is not embalmed, fact should be so stated above.