No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26002

Registration District No. 157 Primary Registration District No. 3036 Registrar's No. 120

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 906 S 4th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 906 S 4th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. CATHERINE WESTERMEIER
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Westermeier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1897 (Year)
8. AGE: Years 83 Months 11 Days 1 If less than one day hr. min.
9. Birthplace St Charles (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Henry Berlekamp
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Helmich
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Martha Hackmann
(b) Address 709 Adams Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jesuits Cemetery
18. (a) Signature of funeral director Hackmann-Baue
(b) Address 326 N 6th St St Charles Mo
19. (a) 6-30-41 (Date received local registrar) (b) Clarence G. Kessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 3 minute — P. M.
21. I hereby certify that I attended the deceased from Jan. 16, 1941, 19..., to June 27, 1941, 19..., that I last saw her alive on June 25, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia due to chronic glomerular nephritis — Duration
Due to: Cardiac Decompensation
Due to: Auricular fibrillation
Due to: Essential hypertension
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.

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 O. W. Somers (M. D. or other) M.D.
Address 106 Washington St. Date signed 6/28/41
St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Arthur C Baue

Licensed Embalmer No. 3145

P. O. Address St Charles Mo

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.