

LED AUG 12 1943 318

Registration District No. Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3914 Meramec Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **Life** (Specify whether
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. **3914 Meramec St.**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William H. Westhus**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **1**
year **1943** hour **1** minute **15** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Friedericka Westhus** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **August 27, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 18** 19 **43** to **Aug 1** 19 **43**
that I last saw him alive on **July 31** 19 **43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 11 5 hr. min.

Immediate cause of death
Arteriosclerosis
Chronic Myocarditis
Duration
?
?

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

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
9/25

10. Usual occupation **Furniture Dealer, Retired**

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER
11. Industry or business
12. Name **Henry Westhus**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Francis Reichtold**
15. Birthplace **Cincinnati, Ohio**
(City, town, or county) (State or foreign country)

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) (e) Means of injury.....

16. (a) Informant **Friedericka Westhus**
(b) Address **3914 Meramec Street**
17. (a) **Burial** (b) Date thereof **8 4 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cem.**
18. (a) Signature of funeral director **Stacker-Allerle Hud. Co.**
(b) Address **3634 Gravois Ave**
19. (a) **AUG 2 1943** (b) **J. F. Bruesch**
(Date received local registrar) (Registrar's signature)

23. Signature **Frank Stamps** (M. D. or other)
Address **39243 Grand Bl Mountain** Date signed **8/2/43**

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

39243 Grand

1-3:30 p.m.

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St. Louis, 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.