

FILED OCT 23 1944 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8807

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

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:  
1734 McLaran Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 77 years  
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. 1734 McLaran Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman F Westerbeck

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

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

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 20 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 9 26 hr. min.

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

10. Usual occupation Retired

11. Industry or business Continental Can Co

12. Name Fred Westerbeck

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

14. Maiden name Mary Holz

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

16. (a) Informant Mrs Josephine Westerbeck

(b) Address 1734 McLaran Ave

17. (a) Burial (b) Date thereof Oct 18 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St Louis Avenue

19. (a) OCT 17 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1  
1944, to Oct 16, 1944  
that I last saw him alive on Oct 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 6 mo  
Due to not known

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
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) none  
(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 Dr. H. F. Miller (M. D. or \_\_\_\_\_)  
Address 8410 N Broadway Date signed 10/16/44

**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..... *W. Kat*.....  
Licensed Embalmer No. *3737*.....  
P. O. Address..... *1936 St. Louis*.....

**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.**