

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9926**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis,**

(c) Name of hospital or institution:
2017a Menard St.
(If not in hospital or institution, write street number or location) **1**

(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 _____

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **2017a Menard St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Dorothy Cavanaugh**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 24 1892**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **21** year **1944** hour **5** minute **00P.** M.

21. I hereby certify that I attended the deceased from **2:30 pm 11/20 1944 to 5:00 pm 11/21/44**
that I last saw her alive on **2:30 pm 11/21 1944** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	52	2	27	hr. _____ min.

Immediate cause of death: **Acute Enterocolitis - Dysentery**

Due to **Acute Intoxications** Duration **2 days**

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Rosenthal Paper Co.**

11. Industry or business _____

MOTHER FATHER

12. Name **Clemens Westemeyer**

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

14. Maiden name **Anna Mary Zander**

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

16. (a) Informant **Henry Westemeyer**
(b) Address **2005 So. 12th St.**

17. (a) **Burial** (b) Date thereof **11/24/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**
(b) Address **2842 Meramec St.**

19. (a) **NOV 22 1944** (b) **J. F. Broder**
(Data received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 **William H. Broder** (M. D. or other) **MD**
Address **1225 Sidney** Date signed **11/22/44**

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.

working under my personal supervision.

Signed

W. E. Morris

Licensed Embalmer No. 3360

P. O. Address 605 Boenecke Ct.,
Lemay, 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.