. S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16845

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks. (Specify whether
In this community 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R. #2.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Sabina Westhoelter.
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband Peter Westhoelter.
6. (c) Age of husband or if alive deceased years
7. Birth date of deceased March (Month) 3rd. (Day) 1872. (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	20	hr. min.

9. Birthplace Washington. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation House-work.
11. Industry or business x
FATHER
12. Name Joseph Droege.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Katherine Degen.
15. Birthplace Franklin County. (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Ludwig Westhoelter,
(b) Address Washington, Mo. R.#2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 26. (Day) 1945. (Year)
(c) Place: burial or cremation Krakow, Mo.
18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 5/25/45 (Date received local registrar) (b) Lucille R. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd.
year 1945 hour 2:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1, 1945, 19 , to May 23, 1945
that I last saw her alive on May 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Acute nephritis
Due to Fractured Hip & shoulder
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

1860.5
18

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 1, 1945
(c) Where did injury occur Franklin County, at her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell in her home while walking
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. Post M.D. (M.D. or other)
Address Washington Mo Date signed May 26/45

1181 (Licensed Embalmer's Statement on Reverse Side) Dr. Post

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-4-45

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 A. C. Nieburg,

Licensed Embalmer No. T2387

P. O. Address Washington, 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.