S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26265

FILED AUG 24 1945 8

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2014

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: 4964 Tholozon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4964 Tholozon 9 14
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Bertha Westermann

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William H. Westermann 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 27, (Day) 1862 (Year)

8. AGE: Years 83 Months 2 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Herman Gockel
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Walter Westermann
(b) Address 4964 Tholozon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) AUG 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1945 hour 10: minute 20 A. M.

21. I hereby certify that I attended the deceased from April 24, 1945 to Aug 7, 1945; that I last saw her alive on Aug. 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Myocarditis Ch	?
Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 d

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 W. Wagenbach (M.D. or other)

Address 4738 Gravois Av Date signed 8/8/45

(Licensed Embalmer's Statement on Reverse Side)

W. F. Wagenbach
4738½ Gravois
7-8

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 Felix J. Krupin

Licensed Embalmer No. 3497

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.