

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41798

State File No.

Registrar's No.

FILED JAN 3 1946
Registration District No. 202

Primary Registration District No. 4318

1. PLACE OF DEATH:

(a) County Maries Vienna, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Henry Albert Westerman

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

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Westerman 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased April 4, 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 29 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Westerman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Westerman

(b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Cemetery

18. (c) Signature of funeral director W.C. Cunningham
(b) Address Vienna, Mo.

19. (a) 12-13-45 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries 63
(c) City or town Vienna, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1945 hour I minute 30 a.m.

21. I hereby certify that I attended the deceased from X
to X, 19X, to X, 19X;
that I last saw him alive on X, 19X;
and that death occurred on the date and hour stated above.
Immediate cause of death Homicide by fire-
arms.

Due to gunshot wound in the head.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

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) Homicide
(b) Date of occurrence 12/3/45
(c) Where did injury occur? Maries-Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury Gunshot

23. Signature P.C. Howard (M. D. or other) D.O.
Address Vienna, Missouri Date signed 12/12/45

1526 (Licensed Embalmer's Statement on Reverse Side) Maries County Coroner

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-46

MAR 1 1948

JAN 8 1948

OCT 7 1958

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

Licensed Embalmer No.

P. O. Address

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.