

Registration District No. _____ Primary Registration District No. _____

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:
Home for the Aged, 3400 So. Grand.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
17

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

(d) Street No. Home for the Aged, 3400 S. Grand
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bernard H. Westermann,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorce

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

7. Birth date of deceased July 17, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	7	24	hr. _____ min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Rudolph Westermann

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

14. Maiden name Angela Wolken,

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

16. (a) Informant Geo. Westermann,

(b) Address 4203 Oregon Ave.,

17. (a) Burial, (b) Date thereof 3/13/46
(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
2842 Meramec St.,

(b) Address _____

19. (a) MAR 12 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1946 hour 8: minute 15 A.M.

21. I hereby certify that I attended the deceased from March 10 to March 11 1946
and that I last saw him alive on March 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to Hypertension Noddy

Due to Cerebral Hemorrhage eye

Other conditions 80
(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) _____

(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)

23. Signature J. F. Brudeck (M. D. or del.) 3/11
Address 607 W. Grand Date signed 3/11

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 John E. Reacy

Licensed Embalmer No.....4094.....

P. O. Address.....2842 Meramec St.,
St. Louis, 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.