

FILED NOV 25 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9704

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

DOROTHY TRETTER

3. (b) If veteran, name war

None

3. (c) Social Security No.

No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Walter Westness
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 20 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 3 22 .hr. min.

9. Birthplace Assumption Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Sears Roebuck & Co.

12. Name William Little
13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Nottingham
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Little
(b) Address 3730a Arkansas Ave.

17. (a) Removal (MTR) (b) Date thereof 11 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assumption, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 13 1946 (Date received local registrar)
J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3730a Arkansas Ave.
(If rural, give location) 167
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 10/28/46
2 1946 to Nov. 12th 1946
that I last saw her alive on Nov. 12th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arterial Insufficiency 1 year
Cardiac Decompensation 3 weeks
Rheumatic Heart Disease 8 years

Due to _____
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:
(c) 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 J. F. Brebeck 11/13/46
515 Lafayette (Address) (Date signed)

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

0. 2
-45
7-39
K47070

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 *Edwin M. Derwatt*
Licensed Embalmer No. *3024*
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.