

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 3270
151
Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: St. Anthony Hospital.
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Saint Louis,
(c) City or town Saint Louis,
(d) Street No. 2707a Winnebago St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Julius Westermayer,
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 Widowed.
6. (b) Name of husband or wife Emelia Westermayer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 5th, 1860.

8. AGE: Years 86 Months 2 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Custodian.

11. Industry or business _____

MOTHER FATHER
12. Name ? Westermayer
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

16. (a) Informant Arthur T. Westermayer
(b) Address 3637 Tennessee Ave.

17. (a) Burial (b) Date thereof Jan. 8, 1947.
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 6409 Gravois Ave.

19. (a) JAN 7 1947 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5th,
year 1947, hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct
2, 1946, to death, 1947
that I last saw him alive on Jan 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to age
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Report not prepared.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Tabrian J. Buerle (M. D. or other) M.D.
Address 2203 Chippewa Date signed 1-7-46

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

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.