V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36396

FILED NOV 7 1947 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9998

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1900 Bacon 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel Westerhold
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Walter H. Westerhold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 26 (Day) 1898 (Year)

8. AGE: Years 49 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Black Jack (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

MOTHER FATHER
12. Name Herbert Harry Trigger
13. Birthplace (City, town, or county) England 4 (State or foreign country)
14. Maiden name Anna Katherine DeCossy
15. Birthplace Black Jack (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lucille McKinney Daughter
(b) Address 2917a N. Leffingwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis, Ave.
19. OCT 27 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 25 year 1947 hour 1:00 minute 50 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Date signed 10/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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: Glen W. Hab

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.