S. No. 300
v. 10.48

0923

FILED APR 14 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

10016

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 52

**1. PLACE OF DEATH**
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 Houston Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0123
d. STREET ADDRESS (If rural, give location): 208 Houston 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Theresa
b. (Middle):
c. (Last): Westerfeld

**4. DATE OF DEATH** (Month) (Day) (Year): March 19, 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: May 15, 1856
**9. AGE** (In years last birthday): 93, If under 1 year: Months 10, Days 4; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Vienna, Austria 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Aeppel
**13b. MOTHER'S MAIDEN NAME**: Frances Sirsch
**14. NAME OF HUSBAND OR WIFE**: August Westerfeld

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Dr. Aug. Westerfeld St. Charles, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Cerebral Hemorrhage | 2 days |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Gen. arteriosclerosis | 10 yrs |
| DUE TO (c) | | 331 |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Rt. Hemiplegia | 2 days |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-27-, 1947, *to* 3-19-50, 19__, *that I last saw the deceased alive on* 3-19-, 1950, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R J Bud Ice Dm.D.
**23b. ADDRESS**: 126 S. Main St.
**23c. DATE SIGNED**: 3/21/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 22, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: St. Johns Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Charles, Missouri

**DATE REC'D BY LOCAL REG.**: 4-6-50
**REGISTRAR'S SIGNATURE**: Fannie Hamilton 284
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Hardmann-Baue, Inc. St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 10 1950
District Health Officer No. 9,
District File Number.....

## 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Arthur C Bane

Licensed Embalmer No. 3151

P. O. Address St Charles 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.**