

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31945**  
Registrar's No. **8459**

FILED OCT 10 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **10013**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>16 3446 Humphry</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b>		b. (Middle) <b>Westermann</b>		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <b>Sep. 22 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 11, 1879</b>		9. AGE (In years last birthday) <b>72</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bernard Westermann</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Baurlage</b>			
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Emma Kohlhauff</b>		ADDRESS <b>3446 Humphry</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio sclerosis heart disease</b> ANTECEDENT CAUSES DUE TO (b) <b>oldy pericardium</b> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <b>decompensated anemia with thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>yes</b>          <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H2O</b>			
22. I hereby certify that I attended the deceased from <b>1932</b> , 19__ to <b>9/22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/21</b> , 19 <b>51</b> , and that death occurred at <b>1A</b> : m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Charonilla H. D.</b>		(Degree or title)		23b. ADDRESS <b>409 Humboldt</b>			
23c. DATE SIGNED <b>9/24/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-25-1951</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wingbermuehle</b>			
DATE REC'D BY LOCAL REGISTRY <b>SEP 24 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		ADDRESS <b>3819 S. Grand</b>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Geo. J. Hughesmuelld Jr.*

Licensed Embalmer No. \_\_\_\_\_

*4611*

P. O. Address \_\_\_\_\_

*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.