

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

6857
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1405**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5065 Ruskin Ave.		d. STREET ADDRESS (If rural, give location) 5065 Ruskin Ave 0	
3. NAME OF DECEASED (Type or Print), Anna Westermann.		a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 29, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR 3 MONTHS 13 DAYS IF UNDER 24 Hrs. Min.
11. BIRTHPLACE (State or foreign country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRED K. WESTERBECK	13b. MOTHER'S MAIDEN NAME MARIE HOLTZ	14. NAME OF HUSBAND OR WIFE Theo Westermann.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edwin Westermann	ADDRESS 6113 Lalite Ave
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 90 days 5 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular - Renal		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 442X
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22. I hereby certify that I attended the deceased from Jan 10, 1950, to Feb 11, 1952, that I last saw the deceased alive on Feb 11, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. S. Hoerrmann,	(Degree or title) D.O.	23b. ADDRESS 8731 Riverview	23c. DATE SIGNED 2/12/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/52	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, CO/ MO.
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DATE REC'D BY LOCAL REG. FEB 14 1952	REGISTRAR'S SIGNATURE Earl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller,	ADDRESS 5967 W. Florissant
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 12 1959

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

William G. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis 9

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.