

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17626

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 93

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (In this place) 62 yrs		d. STREET ADDRESS (If rural, give location) 908 South 4th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 908 South 4th St		4. DATE OF DEATH (Month) (Day) (Year) May 20 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) _____ c. (Last) Westermeier	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5 1890
9. AGE (In years last birthday) 61		10. MONTH (Day) (Year) 10 15	11. IF UNDER 1 YEAR OF AGE, STATE MONTHS AND DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Charles County Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Stiegemeier	
13b. MOTHER'S MAIDEN NAME Louise Kottmann		14. NAME OF HUSBAND OR WIFE Gus Westermeier	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Gus Westermeier		ADDRESS 908 So. 4th St	
MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SUICIDE DUE TO (c) HANGING	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E974X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, on highway, in street, in office bldg., etc.) Attic of Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Charles St Charles Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-20-52 3:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hanging self in Attic	
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Meris H. ...		23b. ADDRESS Wentzville Mo	
23c. DATE SIGNED 5-21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23 1952	24c. NAME OF CEMETERY OR CREMATORY St John's Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo.
DATE REC'D BY LOCAL REG. 5/23/52	REGISTRAR'S SIGNATURE Haris ...	25. FUNERAL DIRECTOR'S SIGNATURE ... St Charles Mo.	
		ADDRESS	

OCT 15 1958

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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 Frederic W. Bane

Licensed Embalmer No. 4607

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.