S. No. 300
Rev. 10.48

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

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26803

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1815

1. PLACE OF DEATH
a. COUNTY ~~[illegible]~~ St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~[illegible]~~ St. Ferdinand
c. LENGTH OF STAY (In this place) Eight years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Gean

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis ~~[illegible]~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 15 St. Ferdinand 4000
d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive 0

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary b. (Middle) Torreria c. (Last) Westhoelter

4. DATE OF DEATH (Month) June (Day) 30, (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Aug. 27, 1876

9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 10 Days 3 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) Krakow, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Anton Westhoelter

13b. MOTHER'S MAIDEN NAME Sophie Noelker

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Sister Mary Loyola, ADDRESS 11755 Riverview Drive

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Hypertensive cardiac — 5 yrs.
DUE TO (c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

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* March, 1948, *to* 6-30, 1952, *that I last saw the deceased alive on* 6-24, 1952, *and that death occurred at* 4:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. J. Weyrich (Degree or title) MDO

23b. ADDRESS 8321 N. Broadway

23c. DATE SIGNED 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 2

24c. NAME OF CEMETERY OR CREMATORY Villa Gean Cemetery

24d. LOCATION (City, town, or county) 11755 Riverview Drive, (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 7-2-52

REGISTRAR'S SIGNATURE Herbert R. Danke MD

25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 1420 Mich

(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 .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed R E Morris

Licensed Embalmer No. 3360

P. O. Address Lemay 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.