

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30524**  
**7177**

FILED AUG 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Car Co.</b>		e. STREET ADDRESS (If rural, give location) <b>6111 Lalite</b>	<b>2079</b> <b>0</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b> b. (Middle) <b>W.</b> c. (Last) <b>Westhermann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 17, 1892</b>
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Fireman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Westerbeck</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Westhermann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Westhermann 6111 Lalite</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Caraccary thrombosis, fallow long over exertion while sweeping</b> ANTECEDENT CAUSES <b>over exertion while sweeping</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>due to (b) old sweeping water from the floor of the St. Louis Car Co.</b> II. OTHER SIGNIFICANT CONDITIONS <b>8:00 PM Buddy around 3:2 am July 22 1953 in the line of duty</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no alarm of automated spirit lung system</b>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>factory</b>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 22 53 3 1/2</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>420.1</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:20</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E. Taylor</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>7.23-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/25/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>
DATE REC'D BY LOCAL REG. <b>JUL 23 1953</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Buchholz-Koeller 5967 W. Floris'ant</b>	

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.....  
Signature of Student Embalmer

Signed *Wilfred A. Buschholz*

Licensed Embalmer No. *453*

P. O. Address *A. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.