

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41756**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3006**

1. PLACE OF DEATH a. COUNTY St. Louis Co. Missouri.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY 2027	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester Missouri.	c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN Saint Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nurshing Home.		e. STREET ADDRESS (If rural, give location) 5905a So. Kingshighway Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Katherine	b. (Middle) ---	c. (Last) Westermann	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1953.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1879.	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Foerstel	13b. MOTHER'S MAIDEN NAME Theresa Horcher	14. NAME OF HUSBAND OR WIFE Anthony W. Westermann
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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. None	17. INFORMANT'S SIGNATURE OR NAME Anthony W. Westermann	ADDRESS 5905a So. Kingshighway
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) DIABETES MELLITUS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL HEMORRHAGE			

19a. DATE OF OPERATION NONE	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) NONE	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **OCT. 1, 1953**, to **Nov. 19, 1953**, that I last saw the deceased alive on **Nov. 19, 1953**, and that death occurred at **2:01 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving (Degree or title) M.D.	23b. ADDRESS BALLWIN, Mo.	23c. DATE SIGNED 11.21.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov. 23, 1953.	24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave. St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 11/21/53	REGISTRAR'S SIGNATURE Herbert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS 6409 Gravois Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Law M. Seymour

Licensed Embalmer No.....*4343*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.