

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31090

State File No. _____

FILED OCT 13 1954

BIRTH NO. _____		REG. DIST. NO. <u>162</u>	PRIMARY REG. DIST. NO. <u>5595</u>	Registrar's No. <u>80</u>
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Township</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Barnhart, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Barnhart, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marguerite</u> b. (Middle) <u>Westman</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2, 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1876</u>	9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bern, Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Bernard Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Cecelia Mercier</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Westman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Gallagher, Imperial, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension in Cardiovascular</u> DUE TO (c) <u>Atherosclerosis</u>			
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial, Jefferson, Mo.</u>
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? _____
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10/2, 1954</u> , and that death occurred at <u>4:00 A. M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>W. E. Be...</u>		23b. ADDRESS (Degree or title) <u>Medical Director</u>		23c. DATE SIGNED <u>10/2/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 4, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home Imperial, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 4 1954</u>		REGISTRAR'S SIGNATURE <u>W. E. Be...</u>		REG. NO. <u>438-0</u>

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 5 1984

OCT 13 1984

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

Arthur W. Helwig

Licensed Embalmer No. *13802*

P. O. Address *Independence, 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.