

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44083**
Registrar's No. **11525**

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY		
b. CITY OR TOWN St. Louis MO		c. LENGTH OF STAY (In this place) 1 yr - 9 mo - 17 da	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 21270 5351 Delmar
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home of Missouri					
3. NAME OF DECEASED a. (First) Edward William b. (Middle) Westerhaus c. (Last) Westerhaus			4. DATE OF DEATH (Month) (Day) (Year) DEC. 14 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-9-1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Days 5
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Clerical work		10b. KIND OF BUSINESS OR INDUSTRY Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Westerhaus		13b. MOTHER'S MAIDEN NAME Henrietta Krite	14. NAME OF HUSBAND OR WIFE Anna Priesmeyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) NR		16. SOCIAL SECURITY NO. 493-20-2438	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Harold E. Walters, Sup't, Masonic Home of Missouri		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.1		INTERVAL BETWEEN ONSET AND DEATH 1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			20 yrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 2-26, 1955 , to 12-14, 1956 , that I last saw the deceased alive on 12-13, 1956 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold E. Walters		23b. ADDRESS 3720 Washington St. Louis Mo.		23c. DATE SIGNED 12-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/18/56	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. DEC 17 1956		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Drehmann-Harral 1905 Union	

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
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353X

P. O. Address _____

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.