

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19429**
Registrar's No. **5188**

JUN 14 1957

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

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **D.O.A** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital** STREET ADDRESS (If rural, give location) **5165 Gates Avenue**

3. NAME OF DECEASED a. (First) **FRANK** b. (Middle) **J.** c. (Last) **WESTERMANN** 4. DATE OF DEATH (Month) (Day) (Year) **May 31, 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 28, 1881** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Painter** 10b. KIND OF BUSINESS OR INDUSTRY **Self Employed** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Bernard Westermann** 13b. MOTHER'S MAIDEN NAME **Josephine Burlogen** 14. NAME OF HUSBAND OR WIFE **Mildred Bloecher**

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. **499-36-8956** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Mildred Westermann** ADDRESS **5165 Gates**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **6 years** ANTECEDENT CAUSES **General arteriosclerosis** DUE TO (b) **6 years** *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **420.0**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 **Oct 1957** to **May 1957**, that I last saw the deceased alive on **May 29, 1957**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Walter W. Davis, MD** (Degree or title) 23b. ADDRESS **539 N. Grand** 23c. DATE SIGNED **6/1/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **June 3, 1957** 24c. NAME OF CEMETERY OR CREMATORY **St. Peter's Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **JUN 3 57** REGISTRAR'S SIGNATURE **J. Carl Smith McCullen & Kelly** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **7267 Natural Bridge**

(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.....

James A. Lamson

Licensed Embalmer No. 414

P. O. Address St. Louis

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.