

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008443

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mehlville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mehlville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3519 Summit Ave		Length of stay in lb 10 Yrs	d. STREET ADDRESS (If outside, give location) 3519 Summit Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Catharine Middle Westhause Last Westhause			4. DATE OF DEATH Month Feb. Day 1st Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 2nd 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 30 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Jefferson Co, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Glatt			14. MOTHER'S MAIDEN NAME Lisette Bonacker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr Ben Westhause 3519 Summit Ave Mehlville Mo. 23		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with complete heart block DUE TO (c) 4/200					INTERVAL BETWEEN ONSET AND DEATH Yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month Day Year p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from June 1949 , to Feb 1 1958 and last saw her ^{him} alive on 2-1-58 Death occurred at 7:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Herbert R. Donke M.D.</i>			22b. ADDRESS 204 E. Big Bend		22c. DATE SIGNED 2-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 4th 1958	23c. NAME OF CEMETERY OR CREMATORY New St Johns Cem.	23d. LOCATION (City, town, or county) (State) Mehlville Mo.		
24. FUNERAL DIRECTOR Fey Funeral Home		ADDRESS Mehlville Mo.	25. DATE RECD BY LOCAL REG. 2/3/58	26. REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i> on.	

(Licensed Embalmer's Statement on Reverse Side)

Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *J. W. Bentley*

Licensed Embalmer No. *38*

P. O. Address *S. L. ...*

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.