

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030037

STATE FILE NUMBER

Health,
& Welfare
Public
Service

FILED SEP 8 1958 Registration District No. 310 Primary Registration District No. 3057 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		c. CITY OR TOWN St Charles	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph		d. STREET ADDRESS 908 So. 4th St	

3. NAME OF DECEASED (Type or print) Gustav F Westermeier			4. DATE OF DEATH Aug. 29 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) St Charles County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Friedrich Westermeier	14. MOTHER'S MAIDEN NAME Minna Berlekamp
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-22-7796	17. INFORMANT Regina Westermeier, St. Charles, Mo	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Lt. Middle Cerebral artery. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 332 X		INTERVAL BETWEEN ONSET AND DEATH 11 days 2 1/2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Heart Disease		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 Month, Day, Year a. m. 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 8/24/49 to 8/28/58 and last saw ^{him} alive on 8/28/58
Death occurred at 11:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Lawrence M.D.	22b. ADDRESS St. Charles, Mo. 114 N. Main St.	22c. DATE SIGNED 8/30/58
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23a. BURIAL (CREMATION, REMOVAL - specify) Burial	23b. DATE Aug. 31 1958	23c. NAME OF CEMETERY OR CREMATORY St John's Cemetery	23d. LOCATION (City, town, or county) (State) St Charles Mo.
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24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 31- 58	26. REGISTRAR'S SIGNATURE W. Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

520

8961 5 350

SEP 1 1958

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 *Arthur C. Bane* _____

Licensed Embalmer No. *31*

P. O. Address *St. Charles*

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.