

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019758

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. Primary Registration District No.

Registration No. 4591

300
-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 10/3/59) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Lemay 4870	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 231 West Arlee Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE W. WESTERMAN		4. DATE OF DEATH Month Day Year May 9 1959	
5. SEX Male <input checked="" type="checkbox"/>	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 Aug. 25, 1897
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pump Maker-Jacuzzi	11. BIRTHPLACE (City and state or country) Miller County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pump Maker-Jacuzzi		10b. KIND OF BUSINESS OR INDUSTRY Pump Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Westerman		13b. MOTHER'S MAIDEN NAME Tenny Brashear	14. NAME OF HUSBAND OR WIFE Anna K. Westerman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO. 494-01-3957	17. INFORMANT Address Anna Westerman 231 West Arlee Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>Arterio Sclerotic Myocarditis</i> DUE TO (c) <i>420.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <i>Subacute Nephritis - Duodenal Ulcer.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 da.</i> <i>1 yr.</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>---</i>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>---</i>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from <i>5/4/59</i> to <i>5/9/59</i> and last saw her alive on <i>5/9/59</i> . Death occurred at <i>10:05 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>C. N. Dunstall M.D.</i>		22b. ADDRESS <i>5203 Chapparron.</i>	
22c. DATE SIGNED <i>5/11/59.</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE May 12, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. MAY 11 '59		26. REGISTRAR'S SIGNATURE <i>Wm. Earl Smith, M.D.</i>	

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 *William B. White*

Licensed Embalmer No. *5291*

P. O. Address *San Diego, Calif.*

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.