WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18688

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 5078

City ..... (No. Missouri Baptist Sanitarium St. ..... Ward)

2. FULL NAME Fred Westerman

(a) Residence. No. Troy Mo St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Westerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 17-1859

7. AGE: Years 68 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cappelan Missouri

PARENTS
10. NAME OF FATHER: Louis Westerman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Jennings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Annie Westerman
(Address): Troy Mo

15. FILED MAY -9 1928, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1928, to May 8, 1928, that I last saw him alive on May 8th, 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene left leg.
non Diabetic
In big toe sometime, seriously
as below (duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY): Cerebral apoplexy
Hemorrhage (duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Wright City Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 3rd 1928
WAS THERE AN AUTOPSY? amputation leg above knee May 3rd 28
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) A. R. Kiffer, M. D
May 8, 1928 (Address) 4480 Westminster Pl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Troy, Mo
DATE OF BURIAL: May 10 1928

20. UNDERTAKER: Hauck & Schmitt
ADDRESS: 3732 S. Grand Blvd