

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

Do not use this space.

21730

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 197
St. _____ Word _____

2. FULL NAME

Oscar Woestendiek

(a) Residence. No. 9422 Kempton St. _____ Ward. _____
(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 Emily Woestendiek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24-1869

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, ____ hrs. or ____ min.
59 | 3 | 27 22

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Nietrich Woestendiek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Piepschlager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Emily Woestendiek
(Address) 9422 Kempton Overland, Mo.

15. FILED 6/22 1928 Opela Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1928, to June 21, 1928 that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 6-21 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - R. L. S.

10/10 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Classical
6/22 (Signed) Ray A. Walker M. D.
June 22 1928 (Address) 2428 Woodway Rd Overland, Mo.

*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 Vallella Crematory DATE OF BURIAL 6/23 1928

20. UNDERTAKER Baumann Bros. Overland, Mo.
ADDRESS _____

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.

SMILE PLEASE, WITH GRADING MATTERS TO EMPLOYMENT RECORD

1948