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

Do not use this space.

3844

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 452

City St Louis (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Margaret Westy

(a) Residence. No. 1317 Sidney St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-26.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	0	26	

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

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

PARENTS

10. NAME OF FATHER Wm. C. Westy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marine
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Cora Weimer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Ill.

14. INFORMANT JAN 10 1929 Kuetting
(Address) 5028 Kingshighway

15. FILED JAN 10 1929 May C. Baker
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-6, 1929, to 1-8, 1929 that I last saw h. alive on 1-8, 1929, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Cervico-Spinal
Meninges 24 hr
Bronchitis 104 hr (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Acute chronic pharyngitis (non diphtheritic) (duration) yrs. mos. 6 ds.

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

O DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? phy. Ex. + Laboratory
(Signed) George S. Lecuru, M. D
1-8-, 1929 (Address) St Louis Children Hosp.

*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 Mt Carmel Cemetery Belleville Ill — DATE OF BURIAL Jan 10 1929

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 S Broadway

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.

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