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

Do not use this space.

11079

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 10135 Registered No. 3163

City St. Louis, (No. 3451 Montana Street. St. ..... Ward)

2. FULL NAME Elizabeth Westendorf

(a) Residence, No. 3451 Montana Street. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Clara Westendorf 3451 Montana St.

18. BURIAL, CREMATION, OR REMOVAL

SS. PLACE Peter & Paul Cem. DATE Apr. 2, 1932.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED [illegible] 3 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to March 30, 1932

I last saw her alive on March 29, 1932. Death is said to have occurred on the date stated above, at 2:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93	
97	

Other contributory causes of importance: Arterio Sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W G Holdenried, M. D.

(Address) 4500 a Virginia St Louis Mo