

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

Do not use this space.

1. PLACE OF DEATH

JUN 12 1937

County.....

Registration District No. **791**

File No. **18294**

Township.....

Primary Registration District No. **1003**

Registered No. **4870**

City **St. Louis**

(No. **1448 Clinton St.**)

St. _____ Ward _____

2. FULL NAME

Matilda Westerhouse

(a) Residence, No. **1448 Clinton St.** St. **26** Ward.

(If nonresident, give city or town and State)

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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Westerhouse**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 5, 1851**

7. AGE YEARS **86** MONTHS **2** DAYS **6** If LESS than 1 day, hrs. or min.

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) **Ohio**

13. NAME **Johh F. Biermann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Caroline Potts**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Katherine Ellersick** (ADDRESS) **1448 Clinton St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **May 14, 1937**

19. UNDERTAKER (ADDRESS) **A. Leon Pitt** **2707 N. Grand St.**

20. FILED **MAY 13 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

Cerebral Apoplexy
Arterio Sclerosis
82

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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 **4** ✓
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) **Alfred Perry**
(Address) **7 Deputy Coroner**

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.

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