

NOV 16 1938

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

33828
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, Write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick J. Westermayer

(a) Residence, No. 5725 Goener St. **2** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mary Westermayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Stute pickel Co.
 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) St. Louis, Mo.

FATHER 13. NAME Fred Westermayer

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

MOTHER 15. MAIDEN NAME Mathilda Vogler

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

17. INFORMANT (ADDRESS) Mary Westermayer
5725 Goener

18. BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem. DATE Oct. 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Beckwith & Co.
2842 Meramec St.

20. FILED OCT 10 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1938, to 10-7, 1938

I last saw him alive on 10-7, 1938. 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:

Aortic aneurism
Coronary artery disease
Syphilis

Date of onset 1935
before 1934

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) E. A. Langan M. D.
 (Address) BARNES HOSPITAL

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Herman A. Gebken, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.