

RECORDED MAY 10 1939

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

12952  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS MO. Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1008 Registered No. 3294  
 (c) City ST. LOUIS MO. (d) Street No. ST. JOHNS 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

23 1/2 KATE WESTERHAUS  
 (a) Residence, No. 1905A BENTON STR St. 26 (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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT 18<sup>TH</sup> 1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>
	DAYS <u>18</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSE WORK.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>AT HOME</u>	
	10. Date deceased last worked at this occupation (month and year) <u>APR. 12<sup>TH</sup> 39</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u> <u>6</u>		
FATHER	13. NAME <u>WILLIAM WESTERHAUS</u> <u>6</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u> <u>6</u>	
MOTHER	15. MAIDEN NAME <u>ELIZABETH SCHMIDT</u> <u>6</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
17. INFORMANT (ADDRESS) <u>Elizabeth Westerhaus</u> <u>1804 1/2 Benton Str</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>GALVARY</u> DATE <u>APR. 8<sup>TH</sup></u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>BROCKLAND UND. CO.</u> <u>1827 HOGAN STR</u>		
20. FILED <u>APR 8 1939</u> <u>J. D. Brudek</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 6<sup>TH</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23<sup>rd</sup>, 1939, to April 6<sup>th</sup>, 1939  
 I last saw her alive on April 5<sup>th</sup>, 1939. Death is said to have occurred on the date stated above, at 2 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Adeno. Carcinoma  
Enteroperitonally  
all organs involved  
Primary seat unknown  
 Other contributory causes of importance:  
46  
 Name of operation Exploratory Date of 4-2-39  
 What test confirmed diagnosis? Cancer 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. D. Brudek M. D.  
 (Address) N. W. 26 Benton  
and City

WHILE FURNISHING THIS IS A PERMANENT RECORD

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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**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, .....

....., or by *Me.*

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

Signed *John B. Brockland*

Licensed Embalmer No. *93.*

P. O. Address *St Louis Mo*

**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.**