

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9082

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 2565

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1557 S. 2nd St.
(If rural, give location)
(e) If foreign born, how long in U.S.: _____ years

3. (a) PRINT FULL NAME Peter J. Westermann
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-740

20. DATE OF DEATH: Month Mar. day 16
year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 33 years

Immediate cause of death:
Fractured Quadriplegic Spinal Cord; Hemorrhage

7. Birth date of deceased September 29, 1902
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 37 Months 5 Days 18 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

10. Usual occupation Laborer
11. Industry or business American Car & Foundry

Of autopsy _____

12. Name John P. Westermann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Zimmermann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Helen Westermann
(b) Address 1557 S. 2nd St.
17. (a) Burial (b) Date thereof 3/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation O. St. Marcus
18. (a) Signature of funeral director Wacker-Heldert
(b) Address 2331 S. Broadway
19. (a) MAR 18 1940 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
28. Signature _____ (M. D. or other)
Address _____ Date signed 3.18.40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
1 x 511

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

Signed..... *Robert C. White*

Licensed Embalmer No. *2128*

P. O. Address..... *1111 1st 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.