FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29747

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1624

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CRESCENT, MO. RURAL. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OCTOBER CLUB - ASABOVE. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community 2 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2827 Iowa Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM WESTERMANN
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara Westermann
6. (c) Age of husband or wife if alive 670 years
7. Birth date of deceased March 6th 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	19	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Park Employee
11. Industry or business
FATHER
12. Name John Westermann
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)
MOTHER
14. Maiden name Helen Meiners
15. Birthplace Germany (City, town, or county) 6 (State or foreign country)
16. (a) Informant Barbara Westermann
(b) Address 2827 Iowa Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28/40 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul.
18. (a) Signature of funeral director Thos. Kutis
(b) Address 2906 Gravois Ave
19. (a) AUG 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1940 hour 4:50 minute P M.
21. I hereby certify that I attended the deceased from Aug. 25, 1940, to Aug 25, 1940 that I last saw him alive on Aug. 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hours.
Due to Hypertension AND ARTERIOSCLEROSIS	10 YRS.
Due to	
Other conditions none. 8 val (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation.
Of autopsy no autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature C. R. Beckmeyer (M. D. or other) DO.
Address Eureka Mo. Date signed Aug 25 1940

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.