

S. No. 2
I-4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37504**
Registrar's No. **9777**

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 11 1940

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:
2204a Warren St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County.....
(c) City or town **St. Louis.** **20**
(If outside city or town limits, write "RURAL")
(d) Street No. **2204a Warren St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME **Anna Westerheide.**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**
6. (b) Name of husband or wife **Unknown.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **November 9 1859.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 18 hr. min.

9. Birthplace **St. Louis, Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business.....

12. Name **Fred Steffan.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Druse**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sophia Steffen.**

(b) Address **2204a Warren St.**

17. (a) **Burial** (b) Date thereof **11-30-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens cem.**

18. (a) Signature of funeral director **Leidner Und. Co.**

(b) Address **2223 St Louis av**

19. (a) **NOV 28 1940** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **27**
year **1940** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Nov 20**
..... 19**40**, to **Nov 27**, 19**40**;
that I last saw him **alive on Nov 27**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma Stomach

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **H/O**

Major findings:
Of operations.....

Of autopsy.....

Duration

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?
.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **A. H. Lawrence** (M. D. or other) **MD**

Address **2342 Alhousian** Date signed **11/28/40**

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

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 Donna L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis ave

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, fact should be so stated above.