No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40909

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10680

**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:
Deaconess Hospital
(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. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lincoln
(c) City or town Moscow Mills
(If outside city or town limits write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Marie Westerman
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 Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. (Month) 15 (Day) 1882 (Year)
8. AGE: Years 58 Months 2 Days 28 If less than one day hr. min.
9. Birthplace Moscow Mills (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Henry Ostendorf (FATHER)
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Mary Vorpel (MOTHER)
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Gladys Westerman
(b) Address Moscow Mills, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) DEC 28 1940 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 24 year 40 hour 5 30 minute P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Second and Third degree burns of Lower Part of body Suffered when her Clothing became ignited at open
Due to fire while Rendering Lard in Kettle at her home in Moscow Mills Mo.
Due to Dec 5 1940 about 9 30 am
Other conditions Accident
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration of

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) Accident
(b) Date of occurrence Dec 5 1940
(c) Where did injury occur? Moscow Mills (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on Farm (Specify type of place)
While at work?
(e) Means of injury
23. Signature (M. D. or other)
Address Date signed 5/26/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

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