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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

State File No. 4908

Registrar's No. 1156

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or 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. 4135a Oregon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JULIANA WESTER

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Mathew

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 23 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	10	hr. min.

9. Birthplace Austria Hungary 8
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Hamza
13. Birthplace Austria Hungary 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Wester
(b) Address 4135a Oregon Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. H. Gebken Lov. & Und. Co.
(b) Address 2842 Meramec St.

19. (a) FEB 8 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1941 hour 12 minute Midnight

21. I hereby certify that I attended the deceased from Jan. 28th, 1941, to Feb. 2nd, 1941; that I last saw her alive on Feb. 2nd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration days

Due to cerebral hem. (left side) Probably Thrombosis.

Due to

Other conditions Acute Paren. nephritis: Diabetes
(Include pregnancy within 3 months of death)

Mel:

Major findings:
Of operations

Of 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 Walter M. Jones (M. D. ~~or other~~)
Address 3400 Meramec Date signed 2/4/41

(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 Me

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

working under my personal supervision.

Signed Robert F. Gibbens

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Missour

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.