

FILED AUG 25 1941

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 131

1. PLACE OF DEATH:

(a) County: ST. CHARLES
(b) City or town: ST. CHARLES "RURAL"
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME
(d) Length of stay: In hospital or institution 2 yrs, 11 mo, 25 d.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: IOWA (b) County: 999
(c) City or town: WASHINGTON
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? DO NOT KNOW years.

3. (a) PRINT FULL NAME: MRS. SOPHIA WESTEN

8. (b) If veteran, name war _____ 8. (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: EVERELL WESTEN 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: AUGUST 30 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace: GROTHUSEN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: _____

MOTHER FATHER { 12. Name: DOTHEN KOEHLER
13. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name: MARTHA VAN GERPEN
15. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant: Theophil Staerker
(b) Address: ST. CHARLES, MO.

17. (a) Removal (b) Date thereof: July 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Iowa

18. (a) Signature of funeral director: F. E. Heikman - Buel
(b) Address: 326 N 6th St - St Charles, Mo.

19. (a) 7-13-41 (b) Belmont
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to July 13th, 1941; that I last saw her alive on July 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Compensation 3da
Chronic Myocarditis 34m
Gen Arteriosclerosis 104m
Other conditions: 93a
(Include pregnancy within 3 months of death)

Major findings: No
Of operations: No
Of autopsy: No

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature: A. Perich Schuch
Address: St Charles, Mo. Date signed: 7/13/41

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

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

1981 11 11 11 11

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 Arthur C. Bane

Licensed Embalmer No. 3145

P. O. Address St. Charles Mo.

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.