

FILED JAN 19 1943 **318**

Registration District No. _____

Primary Registration District No. _____

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:
6312 Idaho Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ida Westerreck

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 22 hr. min.

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER { 12. Name John Westerreck
18. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frieding
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Breil
(b) Address 6312 Idaho Ave.

17. (a) Burial (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) JAN 8 1943 J. F. Bredek
(Date received by Registrar) (Registrar's signature)

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. 6312 Idaho Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1943 hour 11 minute 15 AM

21. I hereby certify that I attended the deceased from December 19th 1942 to January 6th 1943, that I last saw her alive on Jan 6th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Nephr. Chronic Duration 2

Due to _____
Due to _____

Other conditions Myocarditis chronic
(Include pregnancy within 6 months of death)

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?

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

23. Signature W. D. Rubin M.D. (M. D. or other)
Address 6318 Idaho Ave Date signed 1/7 43

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.....

Clarence Rochow

Registered Apprentice No.....

working under my personal supervision.

Signed *Clarence Rochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Metairie*

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.