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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35707**  
Registrar's No. **8733**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 10 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Gertrude  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fredrick Westerman

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Josephine Westerman

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 16, 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 23  
If less than one day hr. min.

9. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate salesman

11. Industry or business \_\_\_\_\_

12. Name Jacob Westerman

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Benz

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Westerman

(b) Address 4327 Gertrude

17. (a) burial (b) Date thereof 10/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) OCT 11 1946 (b) J. F. Bredek  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9  
year 1946 hour 5 minute 55 A.

21. I hereby certify that I attended the deceased from September 25 1945 to October 9 1945;  
that I last saw him alive on October 8 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver, ascites, splenomegaly Duration 17 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy yes

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 D

23. Signature L. A. Nussbaum (M. D. or other) \_\_\_\_\_

Address 3651 Grand St Date signed 10-10-46

(Licensed Embalmer's Statement on Reverse Side)

Robt. A. Nussbaum

**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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 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, fact should be so stated above.**