No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33362

FILED OCT 13 1947

Registration District No. 3977 — Primary Registration District No. 6076 — Registrar's No. 2072

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~SAINT LOUIS~~, MISSOURI Robertson
(If outside city or town limits, write "RURAL" and name of township) MISSOURI
(c) Name of hospital or institution: N.E. COR. DORSETT & MC KELVEY RDS., ROBERTSON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County SAINT LOUIS 96
(c) City or town RURAL ROBERTSON, MISSOURI 0
(If outside city or town limits, write "RURAL")
(d) Street No. N.E. COR. DORSETT & MC KELVEY R 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. CATHERINE WOESTENDIEK
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife LATE CHARLES WOESTENDIEK
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER 14th, 1863 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 19 If less than one day hr. min.

9. Birthplace JERSYVILLE, ILLINOIS 1 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name BAYER
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant HELEN SEMON / ROBERTSON, MO.
(b) Address NE. COR. DORSETT & MC KELVEY RDS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Saint Peters Cemetery
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BLVD.
19. (a) 10-6-47 (Date received local registrar) (b) Cecil Gladney (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 3rd year 1947 hour 9:51 minute 75 M.

21. I hereby certify that I attended the deceased from 9-27, 1947 to 10-2, 1947 that I last saw her alive on 10-2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 days
Due to: Hypertension 430	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Chronic hypertensive cardiac	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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) Manner of injury 0
Signature Geo. Steckel (M. D. or other)
Address 634 N. Grand Date signed 10-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

618 Mo. Theatre

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.....Ralph C. Linders.....

Licensed Embalmer No.....4275.....

P. O. Address.....St. Louis, 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.