. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7186

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2153

WRITE PLAINLY—USING 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: St. Luke's 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 53 years
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. 5709 Goethe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Frank F. H. Westerman

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

3. (c) Social Security No. 702-09-5275

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Emma Lippert Westerman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 15, 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 14 If less than one day ... hr. ... min.

9. Birthplace Lemay (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Ass't. Gen'l. Freight Agent

11. Industry or business Railroad

FATHER
12. Name Adolph Westerman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Harre
15. Birthplace New Minden, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Westerman
(b) Address 5709 Goethe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Bradrock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1948 hour 9 minute 17 A. M.

21. I hereby certify that I attended the deceased from Dec. 30, 1940 to Feb. 29 1948;
that I last saw him alive on Feb. 28, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	5 days
Due to: General Arteriosclerosis	
~~Due to~~ Diabetes Mellitus	8 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Large Hemorrhagic Infarct of Left Ventricle

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) Means of injury

23. Signature Hiram J. Leggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 3/1/48

Jefferson City Printing Co. (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.....

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

working under my personal supervision.

Signed Glen W. Hale

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.