

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11192**

WRITE PLAINLY—USE 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:
Lutheran Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3226 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph H. Westerman
3. (b) If veteran, name war *****
3. (c) Social Security No. 488-09-1142

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 24th day December
year 1948 hour 11:20 minute A. M.
21. I hereby certify that I attended the deceased from 12-10, 1948, to 12-24, 1948.
that I last saw him alive on 12-24, 1948.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emilie Westerman
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased February 26th, 1893
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolus Duration 4 hrs
Due to Impetigo genous leukemia
Due to Balanitis
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
55 9 28 hr. min. 0
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Accountant

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Adolph Westerman
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sophie Harra
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Emilie Westerman
(b) Address 3228 Arsenal St
17. (a) Burial (b) Date thereof 12-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Regentem Bros
(b) Address 6409 Gravois Ave
19. (a) DEC 27 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

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 J. P. Zingale M.D. (M. D. or other) _____
Address 16 Hampton Village, No. 3 Date signed 12-25-48

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

Henry M. Brummer

Licensed Embalmer No.

4200

P. O. Address

St. Louis

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.