

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3454

State File No. 602  
Registrar's No. 0602

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No. <u>602</u>		Registrar's No. <u>0602</u>									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2159								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5225 Louisiana</u>				d. STREET ADDRESS (If rural, give location) <u>5225 Louisiana</u>													
3. NAME OF DECEASED (Type or Print) <u>Ella Westermeyer</u>			a. (First)			b. (Middle)			c. (Last)								
4. DATE OF DEATH <u>Jan. 19, 1952</u>			(Month)			(Day)			(Year)								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 20, 1886</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME <u>Fred Lerch</u>				13b. MOTHER'S MAIDEN NAME <u>Eava Krumrye</u>				14. NAME OF HUSBAND OR WIFE <u>Andrew Westermeyer</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Westermeyer</u> ADDRESS <u>5225 Louisiana</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				II. OTHER SIGNIFICANT CONDITIONS													
				19a. DATE OF OPERATION <u>6/1/51</u>						19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterine cervix</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>153X</u>									
22. I hereby certify that I attended the deceased from <u>June 1951</u> , to <u>June 19, 1952</u> that I last saw the deceased alive on <u>June 19, 1952</u> and that death occurred at <u>245a</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>M. J. Williams M.D.</u> (Degree or title)						23b. ADDRESS <u>607 W. Grand</u>			23c. DATE SIGNED <u>1/19/52</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>									
DATE REC'D BY LOCAL REG. <u>JAN 21 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand</u>											

WRITE PLAINLY—USING 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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *David Van Tasson*

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

**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.