No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1182

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: IRON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: LEMAY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1030A KILNER 4880 1

3. NAME OF DECEASED (Type or Print)
a. (First): LEROY
b. (Middle): H.
c. (Last): WESTERMANN

4. DATE OF DEATH (Month) (Day) (Year): JAN. 30, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 23, 1929
9. AGE (In years last birthday): 24
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SYRUP DISPENSER
10b. KIND OF BUSINESS OR INDUSTRY: COCA COLA CO.
11. BIRTHPLACE (City and State or Foreign Country): MATTESE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: ~~XXXXX~~

13a. FATHER'S NAME: JOHN WESTERMANN
13b. MOTHER'S MAIDEN NAME: PEARL SCHMIDT
14. NAME OF HUSBAND OR WIFE: ELLAINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 494-28-2173
17. INFORMANT'S SIGNATURE OR NAME: ELLAINE WESTERMANN ~~XXXXXXXXXX~~
ADDRESS: 1031a KILNER, LEMAY, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): High way 21
21c. (CITY, TOWN, OR TOWNSHIP): Graniteville
(COUNTY): Iron 047
(STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 28 54 9Pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car overturned on curve

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1954, and that death occurred at 1:20A.m., from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Howell
(Degree or title): Coroner
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 1/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB. 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: NEW ST. JOHN CEMETERY
24d. LOCATION (City, town, or county) (State): MEHLVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: 2-6-54
REGISTRAR'S SIGNATURE: Mrs Avis Jones
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. HOFFMEISTER U. & L. CO. 7814 SO. BROADWAY ST. LOUIS MO.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffman D.....

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.