

FILED MAY 17 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) West. 79 4407 Forest Park 2197	
3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle)	c. (Last) Westerman
4. DATE OF DEATH (Month) (Day) (Year)	May 9, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-31-1875 78
9. AGE (In years last birthday) Months   Day   Year	10. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired) ret		
11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Westerman	13b. MOTHER'S MAIDEN NAME Louise?	14. NAME OF HUSBAND OR WIFE Anna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Forewent 4407 Forest Park	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Arteriosclerotic Heart Disease	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from March 27, 19 54, to May 9, 19 54, that I last saw the deceased alive on May 9, 19 54 and that death occurred at 10:20P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Delmar Bousine Rowdick M.D.		23b. ADDRESS 5800 Arsenal St.,	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-12-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. MAY 10 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS George Dickman 2519 W. Weber	

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

G.P. (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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis*

Licensed Embalmer No. 40

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**