No. 300
10.48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31091

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK TOWNSHIP
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): NEAR ARNOLD MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON
c. CITY OR TOWN: ROCK TOWNSHIP
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): NEAR ARNOLD MO.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNE
b. (Middle):
c. (Last): WESTMANN

4. DATE OF DEATH (Month) (Day) (Year): SEPT 18 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 8-21-1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days 27 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): ARNOLD MO
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: LOUIS ARNOLD
13b. MOTHER'S MAIDEN NAME: HERLANDA REIS
14. NAME OF HUSBAND OR WIFE: JOSEPH WESTMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Marguerite Walters — ADDRESS: Arnold 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): Automobile accident
DUE TO (c):

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

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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.): ON HIGHWAY 61-12
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ARNOLD MO ROCK JEFFERSON MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): SEPT 18. 1954 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: STRUCK BY AUTOMOBILE

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

23a. SIGNATURE (Degree or title): T. B. Edwards M.D. Coroner
23b. ADDRESS: Cedar Hill Mo
23c. DATE SIGNED: 9/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-21-54
24c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
24d. LOCATION (City, town, or county) (State): Arnold Mo

DATE REC'D BY LOCAL REG.: 9/25/54
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: Edw. Fender — ADDRESS: 5611 Grand St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 28 1954
SEP 23 1954

SEP 13 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 476

P. O. Address St. Louis 9

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