

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3436**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **160**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mehlville</b>		c. LENGTH OF STAY (in this place) <b>71 yrs</b>	c. CITY OR TOWN <b>Mehlville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt 8 Box 1545 (Hagemann Rd)</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>Rt 8 Box 1545 (Hagemann Rd)</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>M.</b> c. (Last) <b>Westermann</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan 16 1956</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 31 1884</b>		<b>9. AGE</b> (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>16</b> IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St Louis Co Mo.</b>	
			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>		

<b>13a. FATHER'S NAME</b> <b>Phillip Westermann</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline Wiethop</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Charlotte Westermann</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give way or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Charlotte Westermann</b>	
				<b>ADDRESS</b> <b>Rt 8 Box</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocarditis chronic</b>				<b>1 year</b>	
<b>ANTECEDENT CAUSES</b>		<b>DUE TO (b)</b> <b>Pulmonary Emphysema</b>		<b>5 years</b>	
		<b>DUE TO (c)</b> <b>Bronchial asthma</b>		<b>15 years</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b> —		<b>19b. MAJOR FINDINGS OF OPERATION</b> —		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>241X - 5277</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 4/2, 1953, to 1/16, 1956, that I last saw the deceased alive on 1/16, 1956, and that death occurred at 11 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>John H. Hennelly</i>		<b>23b. ADDRESS</b> <i>16 Hampton Village Plaza</i>		<b>23c. DATE SIGNED</b> <i>1/17/56</i>	
(Degree or title) <b>M.D.</b>					

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jan 19 1956</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Assumption Cem.</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mattese, Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>1-18-56</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Hughes R. Donke MD.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Fey Funeral Home</i>	
				<b>ADDRESS</b> <b>Mehlville, Mo.</b>	

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~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer R. Padwell*.....

Licensed Embalmer No. *4077*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.