

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28087

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
1002
Primary Registration District No. 4734 address

File No. 7924
Registered No. 7924
St. _____ Ward _____

2. FULL NAME

Franciska Widmer
(a) Residence. No. 4734 address St. 15 Ward.

Length of residence in city or town where death occurred 24 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED OF (OR) WIFE OF Peter Widmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-22-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>11</u>	<u>15</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) g/l
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Austria Hungary
(STATE OR COUNTRY)

10. NAME OF FATHER Fredrick Morlock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Budapest Hungary
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Hayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buda Hungary
(STATE OR COUNTRY)

14. INFORMANT Peter Widmer
(Address) 4734 address

15. FILED 116-8-1934 W. C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1930, to Aug 6, 1930 that I last saw her alive on Aug 6, 1930, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
Diabetes Mellitus
(duration) 5 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) acute Acute Enteritis
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? exam. of urine

(Signed) L. E. O. Wilkes, M. D.

, 19 30 (Address) 5402 1/2 Grassison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Peter & Paul DATE OF BURIAL 8/9 1930

20. UNDERTAKER Westmuller ADDRESS 6203 graves

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

