WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34845

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10241

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Carl Wiedmann

(a) Residence. No. 6216 San Benita St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lydia Wiedmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 16, 1858

7. AGE: 71 Years, 9 Months, 11 Days. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Owner
(b) General nature of industry, business, or establishment in which employed (or employer): Missouri Stair Co
(c) Name of employer: retired

137
93
101

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: George Wiedmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Marie Heberle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Lydia Wiedmann
(Address) 6216 San Benita

15. FILED OCT 28 1930, 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-27 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1930, to Oct 27, 1930 that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 5:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute myocarditis following first stage of Prostatomy Hypertrophy Prostate (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Bronchitis with Emphysema, Non Tubercular (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 99.13

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-25-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles N Gulman, M.D.

10/28, 1930 (Address) University Club Bldg.

*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: Bellefontaine Cem — DATE OF BURIAL: 10-28 1930

20. UNDERTAKER: Kriegshauser & Co — ADDRESS: 4104 Manchester

Dr Gulman
U Club