

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

Do not use this space.

2762

1. PLACE OF DEATH,
 County St. Louis. Registration District No. 786
 Township CENTRAL Primary Registration District No. 4469
 City BRENTWOOD (No. 8101, FLORENCE Ave. Ward)

File No. _____
 Registered No. 16

2. FULL NAME IDA WIEDNER.
 (a) Residence. No. 8101 FLORENCE AVE. S. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALBERT WIEDNER.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN-9-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housework. 235
 (b) General nature of industry, business, or establishment in which employed (or employer). At home.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) St. Francis County Mo. 1

10. NAME OF FATHER FRANK Rothemploe.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Not known. 1

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Not known.

14. INFORMANT Hugo WIEDNER
 (Address) 8109 FLORENCE AVE.

15. FILED 1/29, 1931 Mrs. M. Schuster,
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1931, to Jan 25th, 1931.
 that I last saw her alive on Jan 25th, 1931, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

lobar pneumonia
 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) distended heart
 (duration) yrs. mos. 2 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 _____
 (Signed) Dr. Brown M. D.

1-28-1931 (Address) Maplewood

*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 St. Peter + Paul Cem. DATE OF BURIAL JAN-29 1931

20. UNDERTAKER CROGHAN UND. Co. Inc. ADDRESS 7146 Manchester Ave

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.

FEB 23 1931

MARGIN RESERVED FOR BINDING

