BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County

Township

or

Village

or

City St Louis (No. 3532 Crittenden St., 16 Ward)

Registration District No. 7911 File No. 3396

Primary Registration District No. Registered No. 626

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Catherine Wiedmer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)

6 DATE OF BIRTH: Nov. 18 (Month) (Day), 1841 (Year)

7 AGE: 89 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer): at Home -

9 BIRTHPLACE (City or town, State or foreign country): Switzerland

PARENTS

10 NAME OF FATHER: Paul Grob.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Switzerland

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Switzerland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Fred Wiedmer
(Address): 3532 Crittenden St

15 Filed: JAN 26 1931, 19..
Mary C. Starkey
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 15 (Day), 1931 (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 2, 1931, to June 15, 1931, that I last saw her alive on June 15, 1931, and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:
Ptomaine Poisoning from eating fried Steak
1 hr / 1 hr (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) M. D. Bierenbaum M. D.
Jan 16, 1931 (Address) Metropolitan Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Bethalto Ills. DATE OF BURIAL: Jan 17, 1931

20 UNDERTAKER: Feltz Bros 3029 ADDRESS: Lafayette Ave

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*) For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (n
monia"); *Lobar pneumonia;*
monia," unqualified, is inde
meninges, *peritonaeum*, etc.,
..... (name origin; "

use of "Tu
Whooping co
interstitial n
or intercurre
portant. Ex
29 ds.; Bronc
report mere
"*Asthenia*," "
"Collapse," "
genital," "Se
failure," "Haem
age," "Shock,"
definite disease
qualify all disea
carriage, as "P
peritonitis," etc. S
was undertaken. Fo
INJURY and qualify as
CIDAL, or as *probably* s
definitely. Examples: *A*
railway train—accident; Revo
Poisoned by carbolic acid—prou
of the injury, as fracture of skull,
sepsis, *tetanus*) may be stated unde
tributory." (Recommendations on s
death approved by Committee on N
American Medical Association.)