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.

6759

File No. 781

Registered No. 1835

1. PLACE OF DEATH

County ..... Registration District No. 5 DC 93

Township ..... Primary Registration District No. .....

City St. Louis, (No. St. Anthony Hospital. St. ..... Ward)

2. FULL NAME Katharina Widmann.

(a) Residence, No. 4418 Louisiana Ave. St., 15 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 Joseph Widmann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1839.

7. AGE: Years 92 | Months 2 | Days 29. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER

13. NAME Andrew Frueh.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Anna Schwer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Frances Widmann
(ADDRESS) 4418 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul Cem. DATE Feb. 27, 1932

19. UNDERTAKER J. H. Lubken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED FEB 29 1932 19 Mar C. Walker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1932, to 2-24, 1932

I last saw her alive on 2-23 P.M., 1932. Death is said to have occurred on the date stated above, at 10½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (Small Bowel)	2/19/32
Cause unknown	
122.F	
107A	
122 B	

Other contributory causes of importance:

Broncho-Pneumonia on 1-1-32	1-1-32

Name of operation Illeostomy Date of 2-23-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter M. Jones, M. D.

(Address) 3400 Meramec