

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.  
**10839**  
File No. \_\_\_\_\_  
Registered No. **2914**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **701 1009**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** (No. **2111**) **Mississippi Ave.**

**2. FULL NAME**

**Fredricka Weideman**  
(s) Residence, No. **2111 Mississippi Ave.** **23** Ward. (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>			
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Weideman</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 19, 1856</b>					
7. AGE	YEARS <b>75</b>	MONTHS <b>11</b>	DAYS <b>5</b>	IF LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home</b>				
	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) <b>St. Louis Mo.</b>					
FATHER	13. NAME <b>Rudolph Fierman</b>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>				
MOTHER	15. MAIDEN NAME <b>Carolina Schwartz</b>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>				
17. INFORMANT (ADDRESS) <b>Delia Weideman 2111 Mississippi Ave.</b>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Res. St. Marcus</b> DATE <b>Mar. 26 1932</b>					
19. UNDERTAKER (ADDRESS) <b>Weideman Funeral Home 1926 St. Louis Ave.</b>					
20. FILED <b>17 1932</b> <b>May C. Hartley</b> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY**, That I attended deceased from **Jan 1, 1914** to **March 24, 1932**  
I last saw him alive on **March 24, 1932**. Death is said to have occurred on the date stated above, at **8:30 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic Ulceration Colon**  
**1270**  
**1200**  
Other contributory causes of importance: **Cholera**  
**1932**  
Date of onset **1929**

Name of operation **Wing** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Lab** 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) **Neil Weideman**, M. D.  
(Address) **615 Metropolitan Bldg**

