

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

Do not use this space.

27490

**1. PLACE OF DEATH**

County..... Registration District No. *F/011*  
 Township *St. Louis Mo.* Primary Registration District No. *4217 N. Newstead Ave*  
 City..... (No. *4217 N. Newstead Ave*) St. *10* Ward.....

File No. ....  
 Registered No. *17297*  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4217 N. Newstead* St. *10* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 11<sup>th</sup> 1856</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>10</i>
	DAYS <i>24</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <i>House work</i>	
	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) <i>St. Louis Mo. 1</i>		
FATHER	13. NAME <i>Fred. Wiedemeyer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany. 10</i>	
MOTHER	15. MAIDEN NAME <i>Christina Schrimman</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Edward F. Fisher</i> (ADDRESS) <i>4217 N. Newstead Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>S. Peter &amp; Paul</i> DATE <i>Aug 9<sup>th</sup> 1932</i>		
19. UNDERTAKER <i>Aug Brockland &amp; Co. Co.</i> (ADDRESS) <i>4217 N. 9<sup>th</sup></i>		
20. FILED <i>UG-8 1932</i> <i>W. C. Stankley</i> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 5<sup>th</sup> 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 13*, 1930, to *Aug. 5*, 1932  
 I last saw her alive on *Aug 5*, 1932 Death is said to have occurred on the date stated above, at *9 P.* m.  
 The principal cause of death and related causes of importance were as follows:  
*arterio-sclerosis*  
*131*  
*97*  
*131*  
 Other contributory causes of importance: *Chronic Interstitial nephritis* *1*

Name of operation..... Date of.....  
 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 *R. R. Meyers*, M. D.  
 (Signed) *R. R. Meyers*  
 (Address) *5330 Geraldine St.*

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

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

