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.

OCT 29 1932

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

Do not use this space.

30287

File No.

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Carondelet — Primary Registration District No. 6033-1

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Frank S. Widaman

(a) Residence, No. 7159 Beulah Place St., Ward. W. Walnut Manor, St. Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF: Bachelor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1866

7. AGE: Years 66 — Months 3 — Days 9 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Street Railway motorman

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

10. Date deceased last worked at this occupation (month and year): Could not obtain

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Godfrey, Madison Cty., Illinois

FATHER

13. NAME: Daniel A. Widaman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Rebecca Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Levi C. Widaman, 1133 W. 9th St. Alton, Ills

18. BURIAL, CREMATION, REMOVAL: Oak Hill
PLACE Kirkwood, Mo. DATE Sept. 29, 32

19. UNDERTAKER (ADDRESS): Allen & McLaughlin, 23 W. Fourth St. Mexico

20. FILED Sept. 29, 1932 K. W. Dullerdr
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Sept 27, 1932

I last saw him alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

	Date of onset
acute D Nephritis, uremic	
anemia + bronchopneumonia	9-24-32
350	
1018	
Other contributory causes of importance:	
Pneumonia	9-26-32

Name of operation ... Date of ... Sept 25 1932

What test confirmed diagnosis? ... 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) D. A. Rogers, M. D.

(Address) Clayton, Mo