

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

APP: 9 1935

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

Do not use this space.

9603
1869

1. PLACE OF DEATH
 County Jackson Registration District No. 450
 Township Jackson Primary Registration District No. 5580
 City St. Josephs Hill Infirmary St. (No. St. Josephs Hill Infirmary St.) (Ward)

2. FULL NAME Gustavus H. Widmer
 (a) Residence, No. 212 S Elm Ave St. Jackson Ward. Seebster Groves
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. @ mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mina Widmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1847

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
87	8	18	

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

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

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark N. J.

MOTHER FATHER

13. NAME Jacob Widmer

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

15. MAIDEN NAME Solome Kiple

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

17. INFORMANT Arthur Widmer (ADDRESS) 212 S. Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Wright H. Co. DATE 4/1 35

19. UNDERTAKER Walter W. Co. (ADDRESS) Seebster Groves Ind

20. FILED 3/30 35 JAMES A. TOWNSEND Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1935 to March 29, 1935.
 I last saw him/her alive on March 25, 1935 Death is said to have occurred on the date stated above, at 108 m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (20bar)
108
 Other contributory causes of importance:
Renal

Name of operation _____ Date of _____

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) Walter S. Smith M.D.
 (Address) Walter S. Smith

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