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.

NOV 27 1935

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

Do not use this space.

791

37708

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9682

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

City St. Louis (No. 5204 Blow St. ..... Ward)

2. FULL NAME Frances Wiedemann

(a) Residence, No. 5204 Blow St., 2 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Wiedemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 29-1859

7. AGE: YEARS 76 MONTHS 0 DAYS 19 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) Black Jack Illinois

FATHER

13. NAME Simon Marsalek

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Lulu Wiedemann 5204 Blow St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Nov. 20- 1935

19. UNDERTAKER (ADDRESS) Wacker Heldorle 2331 S. Broadway

20. FILED NOV 19 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1935, to Nov. 17, 1935

I last saw her alive on Nov. 16, 1935. Death is said to have occurred on the date stated above, at 8.25 P.M.

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

Pernicious Anaemia

Date of onset

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical & Laboratory 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) George J. Epp, M. D.

(Address) 3772 So. Broadway