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.

APR 25 1936

12220

1. PLACE OF DEATH
County St. Louis Registration District No. 333
Township St. Ferdinand Twp. Primary Registration District No. 4468
City Ferguson (No. Florrisant Mo. St. Ward)

File No.
Registered No. 47

2. FULL NAME Mary Helen Weidinger
(a) Residence, No. Florrisant Mo. St., Ward.
(Usual place of abode) (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 Female
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton T. Weidinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21st, 1876
7. AGE YEARS 59 MONTHS 2 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Florrisant Mo.

FATHER
13. NAME William H. Mreen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Meier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florrisant Mo.

17. INFORMANT (ADDRESS) Herman Weidinger Florrisant Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sacred Heart Cem. DATE March 11, 1936
19. UNDERTAKER (ADDRESS) Chas. F. Stuart 1225 Union Blvd.
20. FILED 3/10 1936 W. A. Zeitler Registrar.
Geo. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mch 2nd, 1936, to Mch 8th, 1936
I last saw her alive on Mch 8th, 1936. Death is said to have occurred on the date stated above, at 1:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Entire	3/2/36
Lower rt.	

Other contributory causes of importance: none

108

Name of operation Date of
What test confirmed diagnosis? cli 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?
If so, specify
(Signed) A. C. Leggat, M. D.
(Address) Ferguson Mo