

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

MAY 18 1936

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

Do not use this space.

14239

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 642

City St. Joseph,

(No. 1 Mile East of Belt Highway on St. U.S. 169

Ward) _____

2. FULL NAME

Leo Wesley Wiedmaier,

(a) Residence, No. _____

R.F.D. # 4, St. Joseph, Mo.

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 22 ds.

How long in U. S., if of foreign birth? _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 7th, 1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

4

5

22

OCCUPATION

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

Child,

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)

Saint Joseph, Missouri,

FATHER

13. NAME

Lawrence F. Wiedmaier,

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

St. Joseph, Missouri,

MOTHER

15. MAIDEN NAME

Monica Marie Coffey,

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

Marionville, Missouri,

17. INFORMANT (ADDRESS)

Lawrence F. Wiedmaier R.F.D. # 4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Jo. Men. Park DATE May 2nd, 1936

19. UNDERTAKER (ADDRESS)

Heaton Bell & Co. 319 So. 10th. St. Funeral Home

20. FILED

May 2, 1936

A. J. Wiedmaier

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from

4-25, 1936,

to 4-29, 1936,

St. Jo.

I last saw him alive on 4-29, 1936

Death is said

to have occurred on the date stated above, at 5:25 p.m.

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

Acute Glomerular Nephritis

Date of onset

about 4-20-36

Other contributory causes of importance:

Cerebral Artery

4/29/36

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?

If so, specify _____

(Signed) _____

C. J. Wiedmaier

M. D.

(Address) _____

620 Kansas St.

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**

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1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 642
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 5 22

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED May 2 1936 A. H. Hirsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19..., to, 19....

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at, m.

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

acute glomerular nephritis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. H. Branson, M. D.
(Address) 620 Francis St.

SUPPLEMENT

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-14239