

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13094

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **3698**  
 (c) City **St. Louis,** (d) Street No. **Lutheran Hospital,** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Elizabeth Wightmann, 235**

(a) Residence, No. **2654 Keokuk St.** St. **24**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female,** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **J. T. Wightman.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 17th 1870**

7. AGE YEARS **68** MONTHS **1** DAYS **3** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as 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) **Missouri**

FATHER 13. NAME **unknown,**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri,**

MOTHER 15. MAIDEN NAME **unknown,**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **W. J. Young.**  
 (ADDRESS) **2654 Keokuk St.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Cuba, Mo.** DATE **April 22, 1938**

19. FUNERAL DIRECTOR **Ziegenfuss Bros**  
 (ADDRESS) **2613 Cherokee St**

20. FILED **APR 21 1938** **J. B. Brebeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 29, 1938** to **April 20, 1938**  
 I last saw her alive on **April 20, 1938.** Death is said to have occurred on the date stated above, at **1 P. m.**

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

**Coronary Occlusion** Date of onset

Other contributory causes of importance:

**Chronic Myocarditis**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **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) **C. E. Waeffler**, M. D.  
 (Address) **3537 S. Jefferson ave**

**STATEMENT BY LICENSED EMBALMER**

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Juddie A. Ziegenhein*

Licensed Embalmer No. 2270

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**