

REC'D JUL 12 1938

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

20059

Do not use this space.

5198

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** 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. ds.  
**D. 2803** **Annold Widmer** **356**

## 2. PRINT FULL NAME

(a) Residence, No. **1412 Hadley** St. **25** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Clara Widmer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about Feb 16, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**about 65** **2** **19**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **laborer**  
 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) **Mo.**

FATHER 13. NAME **donot know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **donot know**

MOTHER 15. MAIDEN NAME **donot know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **donot know**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Mathews** DATE **June 7, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Grand View Co. 3710 N Grand Blv.**

20. FILED **JUN 7 1938** **J. D. Bredeck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/5/38**, 19

22. I HEREBY CERTIFY That I attended deceased from **5/27/38** **6/5/38**, 19  
 I last saw him **6/5/38** **9 p**, 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:

**Carcinoma of Liver, Primary with obstructive jaundice**

Other contributory causes of importance:

**Syphilis. 46 E**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Audley G. Luckwood**, M. D.

(Address) **City Hospital No. 1**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Carl E. Givens*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Carl E. Givens*

Licensed Embalmer No. *1578*

P. O. Address. *3710 N. Grand St.*

**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.)**

**If this body is not embalmed, above space should be left blank.**