

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

38216
 State File No. 10055
 Registrar's No.

Registration District No. 1002 Primary Registration District No. _____

1. PLACE OF DEATH: 1002
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Days
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Widmer 356
 8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 2 1884
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

MOTHER { 12. Name John Widmer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Nuts
 15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Barbara Tuttle
 (b) Address 6119 Alaska ave.

17. (a) Burial (b) Date thereof Nov. 25, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ole SS. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister
 (b) Address 7814 S. Broadway

19. (a) NOV 25 1939 (b) J. F. Budick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6119 Alaska ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 22, year 1939 hour 7:05 minute A. M.
 21. I hereby certify that I attended the deceased from November _____, 1939, to November 22, 1939, that I last saw him alive on November 22, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions Chronic Myocarditis
Generalized Arteriosclerosis
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature G. J. Brien (M. D. or other)
 Address 1515 Lafayette Date signed 11/21/39

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

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. **3871**

P. O. Address **7814 S. Broadway**

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.