

DEC 16 1939

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

40902
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Parish Primary Registration District No. 200
 (c) City St. Louis (d) Street No. _____
 (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.

2. PRINT FULL NAME Sister Mary Electa Wiedemann 355
 (a) Residence, No. Riverside Drive R. 3 Villa View St.
 (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) 5

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Religious
 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) Wuertenburg Europe 7

FATHER
 13. NAME Benedict Wiedemann 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe 7

MOTHER
 15. MAIDEN NAME Symphorosa Reiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT (ADDRESS) Sister Mary Ludwiga
Villa View Conv.

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa View Cemetery DATE November 16, 1939

19. FUNERAL DIRECTOR (ADDRESS) Theodore Fendler
7420 Madison

20. FILED NOV 16 1939 J. R. Meyer, M. D. J. P. H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1936, 1936, to Nov 13th, 1939.
 I last saw her alive on Nov 13th, 1939 Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
872-1
 Other contributory causes of importance:
arteriosclerosis
hypertension
 Name of operation none Date of _____
 What test confirmed diagnosis? E.C.M. 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) Clara A. [Signature] M. D.
 (Address) 328 N. Main St. [Signature]

Date of onset
11-9-39
2
3

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)