

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

40952
Do not use this space.

1. PLACE OF DEATH *Scott*
 (a) County *Scott* Registration District No. *1151*
 (b) Township *Kelso* Primary Registration District No. *4588* Registered No. *16*
 (c) City *Kelso* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred *35* yrs. mos. *3* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *JOSEPH ANTON WIEDEFELD.*
 (a) Residence, No. *Scott* St. (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 *Josephine M. Wiedefeld*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-17-1870*
 7. AGE YEARS *69* MONTHS *8* DAYS *21* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Painter & Carpenter*
 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) *April 12 - 1937* 11. Total time (years) spent in this occupation *20*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *new Hamburg Scott Co Missouri*
 FATHER 13. NAME *Joseph Anton Wiedefeld*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *new Hamburg Missouri*
 MOTHER 15. MAIDEN NAME *Josephine M. Eck*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *new Hamburg Missouri*
 17. INFORMANT (ADDRESS) *Otto Wiedefeld Kelso Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Kelso Mo* DATE *Nov. 10 1939*
 19. FUNERAL DIRECTOR (ADDRESS) *Bryant & Hubbs Decatur Mo*
 20. FILED *Nov. 10 1939* *T. Paul Gray* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-7 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *11-7 1939* to *11-7 1939*
 I last saw him alive on *11-7 1939* Death is said to have occurred on the date stated above, *11:54 P.M.*
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *11-7-39*
121
 Other contributory causes of importance: *Cardiovascular renal disease 1936*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *None* 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 *Fred W. Martin D.D.*
 (Signed) _____ (Address) *111 Mo, Mo.*

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.

1.4
RECEIVED

District Health Officer No. 2

District File Number 1239-380

Date Filed 12-4

STATEMENT BY LICENSED EMBALMER

I, Mamie Buzpleing, Licensed Embalmer No. 3242

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 Mamie Buzpleing

Licensed Embalmer No. 3242

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.)