

MAY 15 1940 791

State File No. \_\_\_\_\_  
Registrar's No. 3024

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4508 Eichelberger  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME Margaretha Widrig 362

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Widrig 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan. 7 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	22	hr. _____ min. _____

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Killian Nauser

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Widrig

(b) Address 4508 Eichelberger

17. (a) Burial (b) Date thereof April 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegenhain  
(b) Address 7027 Gravois Ave

19. (a) APR 1 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4508 Eichelberger  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1940 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 15  
1933 to March 28, 1940  
that I last saw her alive on March 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arteriosclerosis Duration 7 yrs

Due to Cerebral Hemorrhage 12 hrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 1

23. Signature Alan G. [Signature] (M. D. or other)  
Address 5439 Gravois Date signed 3/31/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *6937<sup>th</sup> Gravois* .....

**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.**