

Registration District No. 791

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:
St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days.
(Specify whether _____)
In this community _____
years, months or days) 25 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis, Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1338 Goodfellow.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Catherine E. Wedemeier.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Fred L. Wedemeier 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 15 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 8 17 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Edward Graham.

18. Birthplace Unknown.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Knox.

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

16. (a) Informant Fred L. Wedemeier

(b) Address 1338 Goodfellow.

17. (a) Burial (b) Date thereof 5-6-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Leiden and Co

(b) Address 1417 N. Market St.

19. (a) MAY 3 1940 (b) Registrar's signature J. C. C. C.
(Date received local Registrar)

20. DATE OF DEATH: Month MAY day 2
year 1940 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 14, 1940
to May 2, 1940
that I last saw her alive on May 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Peritonitis - generalized
Due to Post-operative

Due to _____
Other conditions Pregnancy 4 1/2 months
(Include pregnancy within 3 months of death)

Major findings: Acute Appendicitis
Of operations 4 1/2 months pregnancy
Of autopsy Peritonitis

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 _____
23. Signature Piero W. Powers (M. D. or other) M. D.
Address 2531 1/2 Jefferson Date signed 5/3/40

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

*Dr. Ponder
2531 S. Jefferson 2 - 6 P.M.*

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 *Walter L. Ponder*

Licensed Embalmer No. *3867*

P. O. Address *2223 St. Louis*

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.