

JUN 15 1940

Registration District No. 791

Primary Registration District No.

1003

State File No.

Registrar's No.

4198

1. PLACE OF DEATH:

(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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos. 17 days
(Specify whether
In this community 78 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits write "RURAL")
(d) Street No. 2727 Rutger
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Elizabeth Wiedner 356

8. (b) If veteran, name war No 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 79 hr. min.

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

10. Usual occupation Nil 6

11. Industry or business

12. Name Henry Wiedner
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mertz
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant L. Leggen

(b) Address 5400 Arsenal St

17. (a) BURIAL (b) Date thereof MAY 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANIA CEM.

18. (a) Signature of funeral director E. J. Schmw

(b) Address 3125 Lafayette Ave

19. (a) MAY 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th.
year 1940 hour 11:40 minute a.m. M.

21. I hereby certify that I attended the deceased from October 23, 1940 to May 9, 1940
that I last saw her alive on May 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 5-3-40
Due to Chronic Myocarditis 10-39x

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

Major findings: _____
Of operations _____
Of autopsy NO

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 [Signature] (M. D. or other)
Address 5400 Arsenal St Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

3121-2 Hand
mm
4946
V.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 Joseph Blalmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette Ave

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.