

FILED JUN 15 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **4398**

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:
2349 University St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **35 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **30**
(If outside city or town limits, write "RURAL")
(d) Street No. **2349 University St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1940** hour **5** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **July**, 19**39**, to **May 15**, 19**40**;
that I last saw **her** alive on **May 15**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Nephritis**

Due to _____

Due to _____

Other conditions **Ch. Nephritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **A. H. Lewis** (M. D. or other **MD**)
Address **2342 Ashwood** Date signed **5/16/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **Mary C. Wiemeyer** **560**

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

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

6. (b) Name of husband or wife **Edw. G. Wiemeyer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 10, 1862**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Union, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Charles Kipp**

13. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Fredericka Kiegeland**

15. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Wiemeyer**

(b) Address **2906 N. 25th St.**

17. (a) **Burial** (b) Date thereof **May 18, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **W. N. Schumacher**

(b) Address **4834 Natural Bridge**

19. (a) **MAY 17 1940** (b) _____
(Date received local registrar) (City, town, or county)

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

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.