

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME FRED WIEDMER 356
3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Margaret Wiedmer. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 20 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 5 hr. min.

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

10. Usual occupation _____

11. Industry or business Wiedmer Chemical Co.

12. Name John Wiedmer

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

14. Maiden name Catherine Grof.

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

16. (a) Informant Nell Hallberg.

(b) Address 412 Edgewood, Dr.

17. (a) Removal (b) Date thereof June 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHALTO, ILLINOISE
C.R. LUPTON & SONS.

18. (a) Signature of funeral director _____

(b) Address 7233 Delmar Blvd.

19. (a) JUN 27 1940 Dr. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. # 412 Edgewood, Dr.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 19th to June 25th, 1940
that I last saw him alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerosis - 10yrs
Chronic interstitial nephritis 10yrs
Due to _____
Due to _____

Other conditions Cerebral Hemorrhages 10 years ago
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy none made
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) no
(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?
no
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph Dayer (M. D. or other) 1
Address Century Bldg Date signed 6-27-40

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

6
2
9

Dr. Jos. Davie.
1506 Hodiarnont
EW-1550 - Cent. Bldg.
Hrs. - 2 - 5 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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.