

No. 2
4-13-40
-17-39
I X23159

791
Registration District No.

Primary Registration District No.

Registrar's No. 7831

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: Mo. Baptist Hospital
(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. (c) PRINT FULL NAME Adele Wiedmer Koch

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 Otto 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 10 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	2	2 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 Unknown Weidmer

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

14. Maiden name Unknown

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

16. (a) Informant Otto Koch

(b) Address Lebanon, Ill.

17. (a) Burial (b) Date thereof 9-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Wacker*Hendricks

(b) Address 2331 South Broadway

19. (a) SEP 19 1940 (b) J. Braddock
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....

(c) City or town Lebanon NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1940 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from July 24, 1940, to Sept 18, 1940
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death - Carcinoma of Liver & stomach, metastases & crabs.

Due to Primary site unknown

Due to.....

Other conditions 46:
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Liver, stomach & uterus & crabs.

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!

23. Signature J. Braddock (M. D. or other).....
Address 634 N Grand Date signed 9/18/40

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

MOTHER FATHER

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 *Guy W W Wilkerson*

Licensed Embalmer No. *2575*

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, fact should be so stated above.