

FILED FEB 25 1941

Registration District No. 1

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS.
(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)

8. (a) PRINT FULL NAME JOHN C. WIDMAN.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased SEPT. 27 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 14 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER.

11. Industry or business BARHOOD FINISHER.

12. Name UNKNOWN

18. 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 OLGA SPIELMAN
(b) Address 7520 S. GRAND.

17. (a) BURIAL (b) Date thereof JAN. 13-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director J. P. French
(b) Address 7128 OMEGAN AVE.

19. (a) JAN 11 1941 (b) J. F. French
(Date of burial or removal) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town ST LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 7520 S. GRAND BLVD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 5 minute 50 AM

21. I hereby certify that I attended the deceased from Jan 12
1941 to Jan 12, 1941;
that I last saw him alive on Jan 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 hour

Due to Chronic Myocarditis 10 years

Due to MI
Other conditions: MI 10 days
(Include pregnancy within 3 months of death)

Major findings: MI
Of operations: MI
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 12 1941

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - fell off chair
While at work? _____
(Specify type of place) (Means of injury)

23. Signature J. F. French (M. D. or other) MD
Address 3548 S. Grand Date signed 1/10/41

Duration
1 hour
10 years
10 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

00
17
9

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.....

J. P. Fendler - J

Licensed Embalmer No. 925

P. O. Address 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.