

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 1024

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

I. 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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 40 N. Kingshighway (Parkview Hotel)
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ida A. Widen

3. (b) If veteran, name war none 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 Elmer Widen 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 10, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 21 hr. _____ min.

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business None

12. Name Ross Liston

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

14. Maiden name CVWSE

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

16. (a) Informant Elmer Widen

(b) Address Parkview Hotel (40 N. Kingshighway)

17. (a) Burial (b) Date thereof 2/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1519 South Grand Blvd.

19. (a) JAN 31 1941 (b) [Signature]
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/24/40
4 1940 to Jan 30 1941
that I last saw her alive on Jan 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia
Pulmonary Edema
Due to Carcinoma of Cervix Uteri
Due to _____

Duration
1 day
1 day
7 months

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? _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. (a) Signature of physician [Signature]
(b) Address 4760 Fallman
(c) Date signed Jan 31 1941

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.....

Arnold W. Schoene

Licensed Embalmer No.....

3864

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.