

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**3453 Crittenden St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME **William H. Wiedmer**

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

4. Sex **Male ( )** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single ( )**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **September 21, 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>11</b>	<b>11</b>	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Chemical Worker**

12. Name **John Wiedmer**

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

14. Maiden name **Catherine Grob**

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

16. (a) Informant **John Wiedmer**

(b) Address **3453 Crittenden St.**

17. (a) **Removal Motor** (b) Date thereof **Sept 5, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethalto Illinois Weick Bros. Und. Co.**

18. (a) Signature of funeral director.....  
(b) Address **2201 S. Grand Bl.**

19. (a) **SEP 3 1941** (b) **J. P. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3453 Crittenden St.**  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **2**  
year **1941** hour **8** minute **42** P.M.

21. I hereby certify that I attended the deceased from **Sept 2nd** to **Sept 2nd**, 1941, to  
that I last saw him alive on **Sept 2nd**, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Chronic** Duration.....

Due to.....

Due to.....

Other conditions **Chronic Interstitial Nephritis**  
(Include pregnancy within 3 months of death)  
**John F. Schell Chiropractor** PHYSICIAN

Major findings of operations.....

Of autopsy **1316**

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. Signature **J. F. Schell** (Specify type of place) (e) Means of injury **WP**  
Address **3523 Crittenden** (M.D. or other) **/**  
Date signed.....

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

520

**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.....

Licensed Embalmer No. 3722

P. O. Address..... 412 Duchouquette St.

**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.**