

Registration District No. 784

Primary Registration District No. 121

Registrar's No. 549

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County 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. (a) PRINT FULL NAME Margia Wiedeman

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 Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 11 18 _____ hr. _____ min.

9. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Andy Boyd
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary White
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant David Wiedeman

(b) Address 147 E. Etta ave.

17. (a) Burial (b) Date thereof March 10, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Ch. Hoffmeister, M. X. C.

(b) Address 7814 S. Broadway

19. (a) MAR 10 1942 (b) W. H. McFarland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 147 E. Etta ave.
(If rural, give location) no.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 7 day 7
year 1942 hour 9 minute 40 a. M.

21. I hereby certify that I attended the deceased from July 1, 1942
to March 3, 1942
that I last saw him alive on Mar 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pericarditis 19.1
Fracture right hip 4 days
Due to Arterio-sclerosis 44

Due to Age
Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations None
Of autopsy _____
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) Accident. 5/7/42
(b) Date of occurrence Mar 8, 42
(c) Where did injury occur? Home - St. Louis Co. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the room

While at work? No (Specify type of place)
(e) Means of injury Fall

23. Signature W. H. McFarland (M. D. or other) _____
Address 3118 E. Grand Ave Date signed 3/9/42

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

1
2
3

707

Just Back
3151 Burwood

Christy Hoopes

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.