

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9397**
Registrar's No. **2957**

FILED APR 17 1942 791
Registration District No. **791**

Primary Registration District No. **1003**

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

no
17
9

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:
1360 McCausland
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 4 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1360 McCausland (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... no

3. (a) PRINT FULL NAME MARY WIEDMER

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Emil 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased May 27, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 4 hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name William Hogrewe
13. Birthplace Saxony 8
(City, town, or county) (State or foreign country)
14. Maiden name Elissa Thackelberg
15. Birthplace Saxony 8
(City, town, or county) (State or foreign country)

16. (a) Informant Eds M Wiedmer
(b) Address 1360 McCausland

17. (a) burial (b) Date thereof 4/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) APR 2 1942 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from October 11, 1939 to March 31, 1942
that I last saw her alive on March 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 2 weeks
Chronic Myocarditis
Due to Genome Arterio-Sclerosis with Hypertension 2 1/2 yrs.
Due to 9/30/41

Other conditions (Include pregnancy within 3 months of death) 73c

Major findings:

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 A. T. Quinn (M. D. or other) M.D.
Address 6917 Fryler av Date signed 4/1/42

01110
m/4/11/10

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6175 Pelman*.....

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.