. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13178

Registrar's No. 3754

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: Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3221 California Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loretta M. Wideman

3. (b) If veteran, name war --

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 Edward Wideman

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased January (Month) 29 (Day) 1916 (Year)

8. AGE: Years 26 | Months 2 | Days 29 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Wm. J. Knapp
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Theresa Stumpf
15. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edward Wideman
(b) Address 3221 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wideman Cemetery Oermanns-Mo.

18. (a) Signature of funeral director Hacker Helderle Und Co Inc
(b) Address 3634 Gravois Ave.

19. (a) APR 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 18-42, 19__, to April 27, 1942
that I last saw her alive on April 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral stenosis	?
Cardio vascular renal disease	?
Due to	
Due to	
Other conditions Pleural Effusion c̄ ascites (Include pregnancy within 3 months of death)	

Major findings:
Of operations X X
Of autopsy X X X

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) X X X
(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? X X X
(Specify type of place)
While at work? (e) Means of injury

23. Signature Victor F. Kloeppe (M. D. or other) M.D.
Address 3805 So Bevery Date signed 4/27/42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.