

S. No. 2  
-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20113

State File No. ....

FILED JUL 6 1942

Registration District No. 791

Primary Registration District No. 1000

Registrar's No. 5384

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospt. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: Robert Wiedman

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced, ~~widowed~~

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: August 8 1940  
(Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Godfery, Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Louis Wiedman

13. Birthplace: Effingham, Illinois /  
(City, town, or county) (State or foreign country)

14. Maiden name: Helen Wieshaup

15. Birthplace: Mt. Vernon, Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant: Louis Wiedman

(b) Address: Godfery, Ill.

17. (a) Burial (b) Date thereof: 6/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Godfery, Ill.

18. (a) Signature of funeral director: Klunk Und.

(b) Address: Alton, Ill.

19. (a) J. F. Przelick (b) J. F. Przelick  
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 777

(a) State: Illinois (b) County: Madison

(c) City or town: Godfery, Illinois NR  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 23 year: 1942 hour: \_\_\_\_\_ minute: \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 23, 1942 that I last saw him alive on June 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_

Schuller, Christman  
disease

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: J. P. Costella (M. D. or other) 0  
Address: 4952 Maryland Date signed: \_\_\_\_\_

Duration

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

William H. Pfeiffer, Registered Apprentice No. 315-  
working under my personal supervision.

Signed

Hulford V. Burnley  
Licensed Embalmer No. 42020

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.