DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38173

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 2309

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

1. PLACE OF DEATH:
(a) County: St. Louis,
(b) City or town: Sappington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: --
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis,
(c) City or town: Sappington
(If outside city or town limits, write "RURAL")
(d) Street No.: 2030 Lindberg Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Gustav Wiedemann
3. (b) If veteran, name war: No
3. (c) Social Security No. 490-11-6154

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clara Wiedemann
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: January (Month) 24 (Day) 1881 (Year)

8. AGE: Years 61 Months 9 Days 13 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Plumbing
11. Industry or business:

FATHER
12. Name: Victor Wiedemann
13. Birthplace: Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Stuchl
15. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Clara Wiedemann
(b) Address: 2030 Lindberg Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: Fischer-Kellerle Und Co.
(b) Address: 3634 Gravois Avenue
19. (a) NOV 9 - 1942 (Date received local registrar) (b) E. D. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1942 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bi-Lateral Bronchial Pneumonia
Due to: Chronic Myo-Carditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 9Jd
Of autopsy:

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

23. Signature: Albert H. Zurkel (M.D. or other) D.C.
Address: 6920 Va. Ave. Date signed: 11/17/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1942

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 Whiely

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.