

FILED JAN - 5 1943 18

Registration District No. _____

Primary-Registration District No. **1003**

Registrar's No. **10802**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **"**
(c) Name of hospital or institution: **Alexian Brothers Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 hrs.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis,** **923**
(If outside city or town limits, write "RURAL")
(d) Street No. **2726a Accomac Str.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Max Wiedemann**

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

4. Sex **Male** 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 **June 6 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Agent**

11. Industry or business _____

12. Name **Don't know**

13. Birthplace **Germany** **4**
(State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rudolf Wiedemann**

(b) Address **3317 Texas Av.**

17. (a) **Burial** (b) Date thereof **12/28/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul**

18. (a) Signature of funeral director **John H. Gebken Sons**

(b) Address **2630 Gravois Avenue**

19. (a) **DEC 26 1942** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **24**
year **1943** hour **6:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 24th**, 19**42** to **December 24th**, 19**42**
that I last saw him alive on **December 23rd**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma (Cancer) of the Gall Bladder involving the Liver.** **2 Mo.**

Due to **Primary in Gall Bladder**
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) _____
Means of injury _____

23. Signature **Dr. W. H. Hatters** (M. D. or other) **M.D.**
Address **3608 S. Grand Blvd.** Date signed **12/26/42**

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

MOTHER FATHER

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 T. Getters

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.