

FILED AUG 23 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Antonys hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Nettie Wideman

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 Married

6. (b) Name of husband or wife Bert A. Wideman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mar 21 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 4 23 hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name James Hull

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Swallow

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bert A. Wideman

(b) Address 6264 Printz Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 17 43
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So Kinghighway Blvd

19. (a) J. J. Baniak (b) J. J. Baniak
(Date of birth) (City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 172
(If outside city or town limits, write "RURAL") 9
(d) Street No. 6264 Printz Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1943 hour 9.10 AM minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Asalectans During Anesthesia for abdominal operation for appendicitis at St. Antonys Hospital 8-14-43 about 9:10 AM
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 195

Of autopsy 195

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) 100

(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? 16

While at work? (Specify type of place) (c) Means of injury 3

23. Signature Clifford Perry (M. D. or other)

Address Clifford Perry Date signed 8/16/43

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

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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 Richard W Strossand

Licensed Embalmer No. 4007

P. O. Address.....

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.