

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41781  
Registrar's No. 1490

Registration District No. 42  
Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 50 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Henry George Wiedmaier

3. (b) If veteran, name war none 3. (c) Social Security No. 488-14-9302

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Cushing Wiedmaier 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased march 31 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day — hr. — min.

9. Birthplace Hurlinger Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation cheese maker

11. Industry or business Western Dairy

12. Name John Wiedmaier

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

14. Maiden name Kalburga Waller

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

16. (a) Informant A. J. Wiedmaier

(b) Address RFD #1 St. Joseph, Mo

17. (a) burial (b) Date thereof 1/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's at Hurlinger Mo

18. (a) Signature of funeral director Walter Bette & Baudman

(b) Address 319 So. 10

19. (a) 1/3/43 (b) Rose Stegeng  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2015 Jones  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 12-29 1943 to 12-31 1943  
that I last saw him alive on 12-31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 3 days

Due to Influenza 5 days

Due to —

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations None Of autopsy No

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? —

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

23. Signature Dr. J. J. [Signature] (M. D. or other) M.D.  
Address St. Joseph Mo Date signed 1-4-44

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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 Elmer Throccas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

**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.**