

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

FILED JAN 12 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 60

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution ALEXIAN BROS. HOSP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. Louis

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 217 JEFFERSON RD.  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Wider

3. (b) If veteran, name war No

3. (c) Social Security No. 491-18-2224

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife ELIZABETH WIDER

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased AUG 4 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation RET.

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

12. Name W.M. WIDER

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Wm. H. Wider

(b) Address 7536 Wydown Blvd

17. (a) Cremation (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREM.

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address 1414 Kirkwood, Mo.

19. (a) J. F. Bradock (b) Date JAN 4 1948  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4<sup>th</sup>  
year 1944 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug. 14,  
\_\_\_\_\_ 1943, to Jan. 4, \_\_\_\_\_ 1944,  
that I last saw him alive on Jan. 3, \_\_\_\_\_ 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobular pneumonia  
Cerebral arterio sclerosis  
with encephalopathy

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

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

Other conditions (include pregnancy within 3 months of death) 107

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Lobular pneumonia

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 W. C. Deery (M. D. or other) \_\_\_\_\_  
Address 225 Bruce Rd. St. L. Date signed 1/4/48

*Emb separate Cert filed JAN 4 1944*

**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.....

Licensed Embalmer No.....

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.**