S. No. 2
OM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31134

State File No.

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 64

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 Fredricks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jeff St. Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 336a Christian Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY JOSEPHINE WIDEMAN

3. (b) If veteran, name war —

3. (c) Social Security No. 495-12-4913

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luther Wideman

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

7. Birth date of deceased October 18 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Andrew Oster
13. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Battreal
15. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Wideman
(b) Address 336a Christian Ave. St Louis Mo

17. (a) Burial (b) Date thereof Sept 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Park Desoto Mo

18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address Desoto Mo

19. (a) 10-2-44 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1944 hour 10 minute 10 p.m.

21. I hereby certify that I attended the deceased from Jan 14, 1944 to Sept 5, 1944
that I last saw her alive on Sept 5, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uterine cancer metastasis to pelvis & hip	7 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48P

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 J. P. Engels (M. D. or other) DO
Address Desoto, Mo Date signed 9-6-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 10-6-44

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desoto 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.