

FILED AUG 5 1946
318

Primary Registration District No.

1003

66081

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(c) Name of hospital or institution:
3418 A CHEROKEE ST. 1
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
(c) City or town ST. LOUIS
(d) Street No. 3418 A CHEROKEE ST.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLARD A. WIDEMAN

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

4. Sex MALE 5. Color or race 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife EFFIE MAY WIDEMAN 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased OCT 8 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER { 12. Name UNK. WIDEMAN
13. Birthplace SOUTH CAROLINA
14. Maiden name UNK. UNK.
15. Birthplace SOUTH CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant William Wideman
(b) Address 3418 Cherokee St.

17. (a) (b) Date thereof JULY 29 46
(c) Place: burial or cremation Hillaboro Mo.

18. (a) Signature of funeral director E. J. Schurr
(b) Address 3125 Lafayette av.

19. (a) JUL 29 1946 (b) J. F. Bredeek
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1946 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from July 8, 1946
to July 21, 1946
that I last saw him alive on July 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis sm. definite
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 J. T. Keyton (M.D. or other)
Address 3430 S. Jefferson Date signed 7/22/46

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

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.....

Gas B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4, 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.