S. No. 2
M—9-4-41
7. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947
H. Kime

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8206

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 83

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. E. Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: 310 Prosperity
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Louis David Weidemann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Alfreda Weidemann
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: 8 (Month) 3 (Day) 1911 (Year)

8. AGE: Years 35 | Months 7 | Days 0 | If less than one day: hr. min.

9. Birthplace: Sikeston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Standard Oil Co.
11. Industry or business:
MOTHER FATHER
12. Name: William Otis Weidemann
13. Birthplace: Polk Co. (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Lula Strain
15. Birthplace: Scott Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Alfreda Weidemann
(b) Address: Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikston, Mo.
19. (a) 3-18-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1947 hour 11 minute 20 p. m.
21. I hereby certify that I attended the deceased from 2-25-47, 1947, to March 3, 1947 that I last saw him alive on March 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chr. glomerulonephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. H. Kenn (M. D. or other)
Address: Cape Girardeau, Mo. Date signed: 3/12/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1947

RECEIVED

Ict Health Officer No. 4

District File Number 347-397

Date Filed 3-24-47

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sedgeton Me

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.