S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22762

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6440 6

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

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: 3412A Chippewa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 59-5-20
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 A. Chippewa
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Frances B. Widmer

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 16th. (Day) 1888 (Year)

8. AGE: Years 59 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Hermeyer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Frances Spiekermann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Herman Widmer
(b) Address 3412 A. Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec

19. (a) JUL 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th. year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6 January 1947 to 6 July 1947 that I last saw her alive on 6 July 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis - Heart failure	1 hr.
Due to Disease of Coronary arteries	1 yr.
Due to Arteriosclerosis generalized	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94

Of autopsy

PHYSICIAN

Underline the cause of 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 George A. Youngman (M. D. or other) MD

Address 5439 Gravois Date signed July 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. [illegible]
5439 GRAVOIS.
H.U 1340.
1-3 6-8

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis, 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.