FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24834

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6525

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: 5906 Wabada Ave.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County

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

(d) Street No.: 5906 Wabada Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edward Wiedenhorn

3. (b) If veteran, name war: No

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Elizabeth Wiedenhorn

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

7. Birth date of deceased: April 15, 1883. (Month) (Day) (Year)

8. AGE: Years: 65 Months: 3 Days: 9 If less than one day: hr. min.

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

10. Usual occupation: Watchman

11. Industry or business:

MOTHER FATHER

12. Name: Ferdinand Wiedenhorn

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

14. Maiden name: Mary Elizabeth Scheidner

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

16. (a) Informant: Edna May Gillespie

(b) Address: 5906 Wabada Ave.

17. (a) Burial, cremation, or removal: Removal (b) Date thereof: July 24/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Malvern, Ark.

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address: 1125 Hodiamont Ave.

19. (a) Date received by local registrar: JUL 24 1948 (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 24 year: 1948 hour: 1.25 minute: A.M.

21. I hereby certify that I attended the deceased from 1938, 19..., July 24, 1948, that I last saw him alive on July 23, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute coronary occlusion	
Due to: chr myocarditis & Endocarditis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations

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: [illegible] M.D. or other

Address: 6125 Bartmer St. Louis Date signed: 7/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Q. McShane
6125 Bartmer Ave.,
CA. 5187 10.11 A.M.

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 Frank J. Ryland

Licensed Embalmer No. 2645

P. O. Address St Leandro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.