No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

26747

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28326

Registrar's No. 7037

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital- Max C. Starkloff Memorial
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1751a Nicholson Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE WIEDEMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Famele
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Wiedeman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 18-1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Fred Wiedeman
13. Birthplace Austria (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Earl Wiedeman
(b) Address 1751 Nicholson Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue
19. (a) AUG 11 1948 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1948 hour 1 minute 27 A.M.
21. I hereby certify that I attended the deceased from 8/6/1948, 19..., to 8-10-48, 19...; that I last saw her alive on 8-10-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	
Due to Carcinoma of uterus	
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 Joseph J. Muenster M.D.
Address 1575 Lafayette Avenue Date signed 8-10-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Muenster

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.....

.....Me....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.