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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38783

Registrar's No. 10087

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:
Res: 3538 Halliday 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 Missouri. (b) County

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

(d) Street No. 3538 Halliday Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN KLEIN WIEDMER.

3. (b) If veteran, name war W. W. I.

3. (c) Social Security No. 490-03-6036.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Norma N. Wiedmer.

6. (c) Age of husband or wife if alive 53. years

7. Birth date of deceased November 3, 1888.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60.	0.	17.	hr. min.

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

10. Usual occupation Salesman.

11. Industry or business Fuel Oil Co.,

FATHER
12. Name John Wiedmer.
13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Klein.
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Norma N. Wiedmer.
(b) Address 3538 Halliday Ave.,

17. (a) Burial.
(Burial, cremation, or removal)
(b) Date thereof 11/22/48.
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) NOV 22 1948
(Date received local registrar)
(b) J. B. Lapsley
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from about Jan 1940 to Nov 20 1948
that I last saw him alive on Nov 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
c Myocardial Infarction
Previous attack two ago — Duration 40 min

Due to Hypertension and
Arteriosclerotic Heart Disease

Due to

Other conditions Hypertensive Nephritis
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature O. V. J. Fitch / J. Hilsby Associate (M. D. or other)
Address 3419 Duncan Ave St. Louis Date signed 20 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

10087

AUG 22 1950

2604 Washington
JE 1800
1-4 P.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 Clarence H Murray

Licensed Embalmer No. 5011

P. O. Address St Louis Mo

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.