

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25744

Registrar's No. 1827

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4467		State File No. 25744		Registrar's No. 1827		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY ST. LOUIS					a. STATE ILLINOIS b. COUNTY ST. CLAIR					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLEY PARK T			c. LENGTH OF STAY (in this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLEVILLE			11		
d. FULL NAME OF HOSPITAL OR INSTITUTION MOBILE NURSING HOME					d. STREET ADDRESS (If rural, give location) 707 W. CLEVELAND 2					
3. NAME OF DECEASED (Type or Print) ALICE			a. (First) M.		b. (Middle) WIDMAN		c. (Last)			
4. DATE OF DEATH JULY 25, 1949			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 18, 1882		9. AGE (In years last birthday) 66 8 27 8			
5. SEX FEMALE		6. COLOR OR RACE WHITE		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AUSTIN, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME G.B. McINTIRE			13b. MOTHER'S MAIDEN NAME EMMA JEAN EDWARDS			14. NAME OF HUSBAND OR WIFE CHARLES E. WIDMAN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		INFORMANT'S SIGNATURE OR NAME (Signature) ADDRESS BELLEVILLE, ILL.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma					10 days.
					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus					10 years.
					DUE TO (c) Dilatation of heart.					260X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 24, 1949, to July 25, 1949, that I last saw the deceased alive on 9 A.M., 1949, and that death occurred at 9:50 A.M., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Clara M. Gebert, M.D.					23b. ADDRESS Valley Park, Mo			23c. DATE SIGNED 7/25/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 28, 1949		24c. NAME OF CEMETERY OR CREMATORY VALHALLA		24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL				
DATE REC'D BY LOCAL REG. 7-27-49		REGISTRAR'S SIGNATURE (Signature)			25. FUNERAL DIRECTOR'S SIGNATURE (Signature) ADDRESS Belleville Ill					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Edgar A. Baldus
Licensed Embalmer No. *2846*

P. O. Address *Belleville*

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.