

STANDARD CERTIFICATE OF DEATH

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. REGISTRAR'S NO.

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo.
 b. COUNTY
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 7120 Colorado

3. NAME OF DECEASED (Type or Print)
 a. (First) Charles
 b. (Middle)
 c. (Last) Widmer
 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1951

5. SEX Male
 6. COLOR OR RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Jan. 27 1881
 9. AGE (In years last birthday) 70
 IF UNDER 1 YEAR: Months Days
 IF UNDER 11 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Man
 10b. KIND OF BUSINESS OR INDUSTRY St. Johns Hospital
 11. BIRTHPLACE (State or foreign country) Illinois
 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Widmer
 13b. MOTHER'S MAIDEN NAME Unknown
 14. NAME OF HUSBAND OR WIFE Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1898-1901
 16. SOCIAL SECURITY NO.
 17. INFORMANT'S SIGNATURE OR NAME Ruth Widmer ADDRESS 7120 Colorado

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
 ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion
Coronary Sclerosis
 DUE TO (c) _____
 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 NO

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)
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Patrick Staylor Carson (Degree or title)
 23b. ADDRESS 3130s Clark
 23c. DATE SIGNED 11.8.51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 11-9-1951
 24c. NAME OF CEMETERY OR CREMATORY National Cem.
 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG. NOV 8 1951
 REGISTRAR'S SIGNATURE [Signature]
 25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. ADDRESS 7128 Michigan

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

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

Bert Hoffmann
4366

Licensed Embalmer No.

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.