Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016779
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1035

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Overland — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Overland 424X — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2338 Wengler — Length of stay in lb 4 months	d. STREET ADDRESS (If outside, give location) 2338 Wengler — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Katie Middle Louise Last Widmann

4. DATE OF DEATH: Month April Day 13 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Dec. 27, 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Gerhard Miller

13b. MOTHER'S MAIDEN NAME: Meta Arndt

14. NAME OF HUSBAND OR WIFE: Nicholas Widmann, dec'd.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Melba Smith Address: 2338 Wengler

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of Stomach

DUE TO (c) 151X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-30-48, to 4-13-58 and last saw her/him alive on 4-12-58

Death occurred at 4:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. E. Morris M.D. 0

22b. ADDRESS: 4110 W Florence Ave

22c. DATE SIGNED: 4-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-16-1958

23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

23d. LOCATION (City, town, or county) (State): Hillsdale, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. Overland, Mo. — ADDRESS: 2504 Woodson Rd.

25. DATE RECD. BY LOCAL REG.: 4-14-58

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. gn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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