

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-036810

FILED VS SEP 19 1960

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2673 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES		Length of stay in 1b 12 days	c. CITY OR TOWN 2921 Ridgeway Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) St Johns Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle WIDEMAN Last WIDEMAN			4. DATE OF DEATH Month 9 Day 9 Year 60			
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Streetcar Operator	10b. KIND OF BUSINESS OR INDUSTRY Pub. Service	11. BIRTHPLACE (City and state or country) Grubville Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Frank Wideman	13b. MOTHER'S MAIDEN NAME Elizabeth McCewan	14. NAME OF HUSBAND OR WIFE Frona
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-01-0098A	17. INFORMANT Clifford Wideman Address 3524 Calvert
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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 insufficiency due to renal insufficiency due to DUE TO (b) senile psychosis, cardiac insufficiency DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General & cerebral arterioscleroticis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from **August 29** to **Sept. 9** and last saw **him** alive on **Sept. 9**
Death occurred at **4:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas T. Depew (Degree or title)	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 9-9-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/12/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
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24. FUNERAL DIRECTOR Ortmann F Home ADDRESS 9222 Lackland Overland Mo	25. DATE RECD. BY LOCAL REG. 9-9-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Ostermann

Licensed Embalmer No. 3478

P. O. Address _____

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.