

MISSOURI DEATH CERTIFICATE OF DEATH

FILED VS FEB 1 1961 318

1003

752 -61-003815 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

DATE AMENDED 4/4/61
 ITEM NO. 17
 SHOULD READ Mathilda Widmer
 BY AFFIDAVIT OF Informant
 MEDICAL CERTIFICATION
 DOCUMENT
 Mithilda Widmer
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS				Length of stay in lb 2 WEEKS		c. CITY OR TOWN SHREWSBURY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePAUL HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7309 SUTHERLAND	
3. NAME OF DECEASED (Type or print) First IDA Middle WIDMER Last WIDMER				4. DATE OF DEATH Month JANUARY Day 22 Year 1961			
5. SEX FEMALE		6. COLOR OR RACE CAUCASIAN		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JUNE 8, 1878	
9. AGE (last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLINER		10b. KIND OF BUSINESS OR INDUSTRY MILLINERY		11. BIRTHPLACE (City and state or country) HIGHLAND, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MAURICE WIDMER		13b. MOTHER'S MAIDEN NAME MAGADELEN RALL		14. NAME OF HUSBAND OR WIFE NEVER MARRIED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mathilda MISS MITHILDA WIDMER		Address SEE #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis cerebral arteriosclerosis DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 332x							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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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	
21. I attended the deceased from 12/19/57 to 1/22/61 and last saw her alive on 1/21/61 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated: -							
22a. SIGNATURE Robert Tolasknick M.D.				22b. ADDRESS 3720 N. S. Ringler		22c. DATE SIGNED 1/24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1/25/1961		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MISSOURI				25. DATE RECD. BY LOCAL REG. JAN 25 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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 *Lewis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.