

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **5730** STATE FILE NUMBER **23375**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hosp.** Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **954 Bates** Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First **Sylvia** Middle **Wiedeman** Last \_\_\_\_\_  
**4. DATE OF DEATH** Month **June** Day **18** Year **1961**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. Married**  **Never Married**   
**Widowed**  **Divorced**  **8. DATE OF BIRTH** **4/21/79** **9. AGE (last birthday)** **82**  
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **Housework** **11. BIRTHPLACE** (City and state or country) **Austria** **12. CITIZEN OF WHAT COUNTRY** **U S**

**13a. FATHER'S NAME** **August Fekar** **13b. MOTHER'S MAIDEN NAME** **Sylvia Sykora** **14. NAME OF HUSBAND OR WIFE** **Frank (Deceased)**

**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.** \_\_\_\_\_ **17. INFORMANT** **Josephine Wondracek** Address **954 Bates St.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **2 Day**  
 DUE TO (b) **Arteriosclerosis, generalized**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **450.0**

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.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO  **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** **6-1-61** to **6-18-61** and last saw her alive on **6-18-61**  
 Death occurred at **6:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) **Dr. Noel** **22b. ADDRESS** **2438 Woodson Rd.** **22c. DATE SIGNED** **6/18/61**

**23a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **23b. DATE** **6/22/61** **23c. NAME OF CEMETERY OR CREMATORY** **New Picker Cemetery** **23d. LOCATION** (City, town, or county) **St. Louis, MO** (State) \_\_\_\_\_

**24. FUNERAL DIRECTOR** **Moydell Funeral Home 1926 Allen** **ADDRESS** \_\_\_\_\_ **25. DATE RECD. BY LOCAL REG.** **JUN 20 1961** **26. REGISTRAR'S SIGNATURE** **Loan Smith, M.D.**

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Shelley F. Jaelle Jr  
Licensed Embalmer No. 4950  
P. O. Address St Louis

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.