

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043260
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3288

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Margona Village Length of stay in lb 2 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8141 St. Charles Lane Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6139 Kingsbury Place Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MARY STEWART WIEDMER
4. DATE OF DEATH Month Day Year November 20, 1961

5. SEX Female **6. COLOR OR RACE** White **7. Married** **Never Married**
Widowed Divorced
8. DATE OF BIRTH Apr. 10, 1881 **9. AGE (last birthday)** 80
 IF UNDER 1 YEAR: Months 7 Days 10 IF UNDER 24 HR: 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 At Home **11. BIRTHPLACE** (City and state or country) Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alexander Stewart **13b. MOTHER'S MAIDEN NAME** Mary McLean
14. NAME OF HUSBAND OR WIFE Albert E. Wiedmer 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** Victoria Smith, 1724 Boneta Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 3-4 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis 6-7 years
 DUE TO (c) Hypertensive + arteriosclerotic heart disease 15y

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, Chronic Brain Syndrome
 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 _____ Month, Day, Year _____
 a.m. _____ p.m. _____

20d. INJURY OCCURRED 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 1939 to Nov. 20, 1961 and last saw ^{her} her Nov. 20, 1961
 Death occurred at 9:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Keith S. Wilson **22b. ADDRESS** M.D. 52 Maryland Plaza **22c. DATE SIGNED:** 11/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Nov. 22, 1961 **23c. NAME OF CEMETERY OR CREMATORY** St. Peters Cemetery **23d. LOCATION** (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd. **25. DATE RECD. BY LOCAL REG.** 11-21-61 **26. REGISTRAR'S SIGNATURE** John W. Muffly M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Ernest J. Hammer*

Licensed Embalmer No. 4788

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

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