

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047452

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3630

AMENDED

**FILED JAN 9 1962**

1. PLACE OF DEATH  
 -a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in lb 17 1/2 hrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Louis  
 c. CITY OR TOWN Allenton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Wengler Rd. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Baby Boy Wideman

4. DATE OF DEATH Month Day Year  
Dec. 19 - 1961

5. SEX m 6. COLOR OF RACE w. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 12-18-61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. 17 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
Clayton Mo U.S.

13a. FATHER'S NAME Robert Wideman 13b. MOTHER'S MAIDEN NAME Imogene Hampton 14. NAME OF HUSBAND OR WIFE  
Mrs. Wesley Wideman, Allenton Mo

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 Address  
Mrs. Wesley Wideman, Allenton Mo

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 cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) neonatal atelectasis 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 Dec. 18, 1961 to Dec. 19, 1961 and last saw him alive on 12-19-61  
 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Phares, MD 22b. ADDRESS 22c. DATE SIGNED  
12/19/61

23. FUNERAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 12-20-61 23c. NAME OF CEMETERY OR CREMATORY Allenton 23d. LOCATION (City, town, or county) Allenton Mo.

FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Mrs. John L. Phares Pacific Mo 12-20-61 John C. Amos, 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 Body was not embalmed

Licensed Embalmer No. \_\_\_\_\_

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.