MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 11467
Registered No. 87

APR 25 1934

1. PLACE OF DEATH
County St Louis Registration District No. 1123
Township Concordia Primary Registration District No. 62482
City Longwood (No. 9507 St Bolivar St., Ward)

2. FULL NAME Helen Wiedemer

(a) Residence, No. 9507 So Bolivar St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Chas J. Wiedmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1887

7. AGE: Years 46 | Months 7 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Adolph Depkea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Kuhnemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chas J. Wiedmer (ADDRESS) 9507 Iowa Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Mar 17 1934

19. UNDERTAKER Ferndale Mort Co (ADDRESS) 7814 W. Florissant

20. FILED 3/17 1934 B H State M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Mar 14, 1934
I last saw h.. alive on Mar 13, 1934. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Interstitial Nephritis	
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Other contributory causes of importance: Pulmonary Tuberculosis — Jan 34

Name of operation None Date of
What test confirmed diagnosis? Path Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Jones, M. D.
(Address) 801 So Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

