

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0031822

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2765

FILED AUG 11 1966

<p>VS 300 Rev. 4/59  14000 2907C 3 4 0 5 1 6 7 0 8 1 9 10 11 12 39-0 13  39</p> <p>AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT</p> <p>BY AFFIDAVIT OF</p>	1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Inside Limits			
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 1 week		c. CITY OR TOWN St. Louis 63147		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5976 Park Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	St. Johns Mercy Hospital							
	3. NAME OF DECEASED (Type or print) PHILIP J. WIDEL				4. DATE OF DEATH Month July Day 20 Year 1966			
	5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/28/1901 9. AGE (last birthday) IF UNDER 1 YEAR Months 65 yrs IF UNDER 24 HR Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance				10b. KIND OF BUSINESS OR INDUSTRY Shoe		11. BIRTHPLACE (City and state or country) Lamine, Missouri	
	13a. FATHER'S NAME John Widel				13b. MOTHER'S MAIDEN NAME Sophie Haller		14. NAME OF HUSBAND OR WIFE Anne Kempf Widel	
	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. 189-10-4061		17. INFORMANT Address Mo. 63147 Mrs. Anne Widel, 5976 Park Lane, St. Louis	
	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 hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arterio sclerosis								
DUE TO (c) 331X								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic heart disease				PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year p.m.								
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 July 8 1966, to 7-20-66 and last saw him alive on 7-20-66 Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) H. Dreesener M.D.		22b. ADDRESS Moreland Med Bldg		22c. DATE SIGNED 7-22-66				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 23, 1966		23c. NAME OF CEMETERY OR CREMATORIAL Calvary		23d. LOCATION (City, town, or county) (State) St. Louis Mo		
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. 7-22-66		26. REGISTRAR'S SIGNATURE John Murphy M.D.				
BUCHHOLZ MORTUARY, INC. 5967 W. Florissant								

**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 Ralph E. Lenders

Licensed Embalmer No. 4225

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.