

REC'D FEB 10 1939

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

216
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis MO / (d) Street No. 5436 Southwest ave St. 216
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ³⁵⁶ Charles G. Widmer

(a) Residence, No. 5436 Southwest Ave St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Louise Widmer
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

13. NAME Unkown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switerland 7

15. MAIDEN NAME Unkown 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

17. INFORMANT Mrs Louise Widmer
(ADDRESS) 5436 Southwest Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE Fri Jan 7, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Und Co
(ADDRESS) 4228 So. Kinghighway Blvd

20. FILED JAN 6 1939 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938, to Jan 5, 1939
I last saw him alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 6.50 PM

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Chronic
Essential Hypertension
Chronic
Date of onset 2/5/38

Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? 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? no

If so, specify

(Signed) H. H. Stearns, M. D.

(Address) 5428 Magnolia

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

Registered Apprentice No., working under my personal supervision.

Signed

Edward M. Bennett

Licensed Embalmer No.

3024

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 this body is not embalmed, above space should be left blank.