

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 4 mos. 17 days**  
(Specify whether  
In this community **76 yrs. 6 mos. 25 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **13**  
(c) City or town **St. Louis** **24**  
(If outside city or town limits, write "RURAL")  
Street No. **2905 Wisconsin Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Elizabeth Wiedemer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Herman Wiedemer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 29, 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **25** If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **George Danty**

12. Name **George Danty**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Harg Danty**  
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **L. Daggendorf**

(b) Address **5400 Arsenal St.**

17. (a) **burial** (b) Date thereof **9-26-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **With Bro. d. & A. Co.**

(b) Address **2929 S. Jefferson Ave.**

19. (a) **SEP 25 1940** (b) **J. D. Friedrich**  
(Date received local registration) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **24th.**,  
year **1940** hour **7:50 p.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug. 7,** 19**39** to **Sept. 23,** 19**40**,  
that I last saw her alive on **Sept. 23,** 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumoniae**  
**9-13-40**

Due to **Chronic Myocarditis**

Due to **8-7-39x**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **1**

23. Signature **V. Gansler** (M. D. or other)  
Address **5400 Arsenal St** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Paul A. Shanklin*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No.....

*3472*

P. O. Address.....

*2929 S. Jefferson*

**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, fact should be so stated above.**