

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 463

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
622 Marshall Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96
(c) City or town Valley Park, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Marshall Ave. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Rosie Wideman,

3. (b) If veteran, name war none (c) Social Security No. none

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

6. (b) Name of husband or wife Charles Wideman, 6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased Oct. 17 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home,

12. Name Wash Bailey,

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

14. Maiden name Rosie Mories,

15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Craver Johnson,

(b) Address 622 Marshall, Valley Park, Mo.

17. (a) Burial (b) Date thereof 2/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Zion Cem. St. Clair, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) FEB 27 1941 (b) H. K. Meyer M.D. Reg.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26,
year 1941 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 23, 1941
to Feb 26, 1941
that I last saw her alive on Feb 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 day

Due to _____

Due to _____

Other conditions Lobar Pneumonia 8 day
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy _____

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)
(c) Means of injury _____

23. Signature J. P. Knott (M. D. or other) M.D.

Address Valley Park Mo Date signed 2-27-41

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

MOTHER FATHER

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.....

Theo. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Bellwin, 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 this body is not embalmed, fact should be so stated above.