S. No. 2
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v. 5-17-39
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#20838

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35981

FILED NOV 29 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10075

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

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo-4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town StLouis 1 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7200 South Levee 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME IDA KATHERINE WEIDNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Edw Weidmer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 26 (Month) 1883 (Day) (Year)

8. AGE: Years 62 Months 1 Days 24 If less than one day hr. min.

9. Birthplace StLouis Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

FATHER
12. Name Peter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pinl
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Bilzing

(b) Address 3701 Penn.ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation St ~~Luks~~ Lucas Cem.

18. (a) Signature of funeral director Fendler Und Co

(b) Address 7420 Michigan ave

19. (a) NOV 21 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1945 hour 12;22 minute P M.

21. I hereby certify that I attended the deceased from 10/16/45, 19, to 11/20/45, 19; that I last saw her alive on 11/20/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature James J. Stout 1515 Lafayette 11/20/45 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.