S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36408

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10212

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/23/47 to 11/2/47 (Specify whether years, months or days)
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County One
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4085 Bowen St. 9
(If rural, give location) 0
(e) Citizen of foreign country? -YES- (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME SABINA WIEDERHOLD
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 Widow
6. (b) Name of husband or wife JACOB WIEDERHOLD
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased June (Month) 25 (Day) 1863 (Year)

8. AGE: Years 84 Months 4 Days 7 If less than one day hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Jacob LIND
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anne ?
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) BURIAL (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Name of funeral director Henry L. Heidemueller
(b) Address 6203 Manchester Ave
19. (a) NOV 5 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct. 23, 1947 to Nov. 2, 1947
that I last saw her alive on Nov. 2, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Degenerative heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 11-3-47

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

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.