

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

State File No. 15076
Registrar's No. 1129

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural, Bonhomme Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None Mason Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 79 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rural, Clayton R.R. 1.
(If outside city or town limits, write "RURAL")
(d) Street No. Mason Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Ida Weidmann
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1948 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1943 to May 7, 1948
that I last saw her alive on May 7, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Cerebral hemorrhage Duration 5-6-48
Due to Arteriosclerosis
Due to 93
Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

7. Birth date of deceased April 3 1869
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
79 1 4 hr. min.

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

10. Usual occupation House keeping

11. Industry or business At home

MOTHER FATHER { 12. Name Michael Weidmann
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Sapina Tiefenbrun
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Weidmann
(b) Address Clayton Mo. R.R. 1.

17. (a) Burial (b) Date thereof May 10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 5-10-48 (b) Earl J. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____ (c) Means of injury _____
23. Signature B. R. Loring (M. D. or other) 0 med.
Address Ballwin, Mo. Date signed 5-8-48

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.....

Richard Bopp

Registered Apprentice No. *23*

working under my personal supervision.

Signed

Geo. Schradw

Licensed Embalmer No. *3066*

P. O. Address. *Balwin, 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.