NOV 8 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31945

1. PLACE OF DEATH
County Buchanan, Registration District No. 10[illegible] File No.
Township Primary Registration District No. Registered No. 1091
City St. Joseph, (No. 611 South 16th. St. Ward)

2. FULL NAME Josephine Wiedmaier Gawatz,
(a) Residence, No. 611 South 16th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Louis W. Gawatz,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1864

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) October 1935, 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER

13. NAME Michael Wiedmaier,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER

15. MAIDEN NAME Magdalena Kessler,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Mrs. Wm Griesbaber 611 So. 16th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's [illegible]rs Cem DATE Oct. 25th, 1935

19. UNDERTAKER (ADDRESS) Heaton-Bi[illegible] & Bowmer 519 So. 10th. St. Funeral Home

20. FILED 10-24-1935 John R. Bensdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1935, to Oct 23, 1935

I last saw her alive on Oct 23, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Oct 23
Other contributory causes of importance:	
Mitral Stenosis	?
Chr. Endocarditis	?
Enlargement of Heart	?

Name of operation None Date of No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 19....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank Van Leyen, M. D.
(Address) Kirkpatrick Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD