S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26385

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 934

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months-17 Days (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan 11
(c) City or town Rural
(If outside city or town limits, write "RURAL") 0
(d) Street No. Easton R.R. #2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country *

3. (a) PRINT FULL NAME John Sabastian Wiedmaier

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased September (Month) 29 (Day) 1856 (Year)

8. AGE: Years 89 Months 10 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own Farm

MOTHER FATHER
12. Name Michael Wiedmaier
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Magdaline Kessler
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant W. D. Karl
(b) Address Easton, Mo. R. R. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Hurlinger, Missouri
18. (a) Signature of funeral director Herman W. Siebenladen
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Aug. 21, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By K.H.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 17 year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 12, 1946, to Aug 17, 1946, that I last saw him alive on Aug 17, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	about 4 days
Due to: Myocardial Insufficiency	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 Wm Redyard (M. D. or other)
Address 503 Corby Bldg Date signed 8/19/46

54 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.