

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Mo
Township St. Louis Mo
City St. Louis Mo

Registration District No. 791
1003Primary Registration District No. 4420 ArsenalFile No. 37849
Registered No. 9826
St. _____ Ward _____

2. FULL NAME

William W. Withop
(a) Residence, No. 4420 Arsenal St., 16 Ward.

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Hendeck Withop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10, 1893</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>3</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ice & Coal Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ice Wagon</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct 1, 1935</u>		
11. Total time (years) spent in this occupation <u>5</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>William W. Withop</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>?</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Ella Withop</u> (ADDRESS) <u>4420 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Buried 13 days, Nov 25 35</u>		
19. UNDERTAKER <u>Henry L. Wendemann</u> (ADDRESS) <u>6203 Grand</u>		
20. FILED <u>NOV 24 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 193522. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Nov 21, 1935I last saw him alive on Nov 21, 1935. Death is saidto have occurred on the date stated above, at 11 A. m.

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

Spinal SclerosisDate of onset
?Other contributory causes of importance: 8/10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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 E. Chase, M. D.(Address) 3133 Postin Ave

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.

