

JAN 10 1938

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

43344
Do not use this space.

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1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Missouri Baptist Hospital St. St.
(e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11594

2. PRINT FULL NAME

Leonora Wiethop
(a) Residence, No. 2129 68th Street St. NR Pine Lawn Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar H. Wiethop		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1875		
7. AGE YEARS 62	MONTHS 10	DAYS 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houswork		
9. Industry or business in which work was done, as saw mill, bank, etc. At Home		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation 23
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Illinois		
FATHER	13. NAME Thomas Karr	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
MOTHER	15. MAIDEN NAME Sarah Loyd	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville, Illinois	
17. INFORMANT (ADDRESS) Oscar H. Wiethop 2129 68th Street		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE December 18, 1937		
19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Robert 1905 St. Grand Blvd.		
20. FILED DEC 17 1937 J. Brebeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 15, 1937**

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to Dec 15, 1937.
I last saw her alive on Dec 15, 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilatation
P. of Gallbladder appendix with Emphysema (no stones)
Other contributory causes of importance:
P. of Gallbladder appendix with Emphysema (no stones)
Name of operation Cholecystectomy, Appendectomy Date of Dec 4, 37
What test confirmed diagnosis? None Was there an autopsy? No

23. 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) Chm. Ashcraft M. D.
(Address) 421 9th

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.

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STATEMENT BY LICENSED EMBALMER

I, W. J. Robert, Licensed Embalmer No. 502.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed W. J. Robert
Licensed Embalmer No. 502.

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.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. _____
 Township _____ Primary Registration District No. 11603 Registered No. 11594
 City St. Louis (No. Missouri Baptist Hospital St. _____ Ward)

2. FULL NAME

Leonora Wiethop
 (a) Residence, No. 2129 68th Street St. _____ Ward. Pine Lawn, Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 62

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE '19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1164 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ day of _____, 19____.

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

Acute Cardiac Dilatation Date of onset _____
acute cholecystitis with stones
acute appendicitis

Other contributory causes of importance:

post operative gall bladder and appendix
asthma
emphysema

Name of operation cholecystectomy, appendectomy, Dec 4 '37

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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? _____

If so, specify _____

(Signed) C. H. Wachenfeld, M. D.

(Address) 4 West 8th

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

F. B. I. - MEMPHIS

COMMUNICATIONS SECTION

APR 4 1968

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