

3. No. 2
4-2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32572

OCT 14 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2280

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward W. Wietholter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly Wietholter 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June 18th 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 3 21 hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business

12. Name Henry Wietholter

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Mohr

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

16. (a) Informant Lilly Wietholter

(b) Address 7147 Manchester Ave.

17. (a) Burial (b) Date thereof 10-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 11 1943 (b) J. McSherry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 7147 Manchester Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1943 hour 12:45 minute A.M. M.

21. I hereby certify that I attended the deceased from 10/20, 1943, to Oct 8, 1943
that I last saw him alive on Oct 8, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Chronic myocarditis

Due to.....
Due to..... 93d
Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration undetermined
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?

While at work? (Specify type of place) (e) Means of injury 1
23. Signature Alfred [unclear] (M. D. or other) MD
Address 634 N. Grand Date signed Oct 11/43

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

76
388

117

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1943

Washed & Coloured 1-5-
634 N. Grand St. N.Y.C. 24 N.Y.

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 Adrian D. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.