

FILED JAN 5 1945 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11060

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
618 Dover
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 1

(d) Street No. 618 Dover
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME Herman H. Wiethop

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 Lulu Wiethop

6. (c) Age of husband or wife if alive _____ years
16 1869
(Day) (Year)

7. Birth date of deceased August
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	4	9	
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hr. _____ min. _____

9. Birthplace St. Louis Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired

12. Name Henty Wiethop

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

14. Maiden name HELENE THEISS

15. Birthplace So. Afton Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Wiethop

(b) Address 618 Dover

17. (a) Burial (b) Date thereof Dec. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director C. Hofmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) DEC 27 1944 (b) J. F. Badeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 21 1939 to Dec 25 1944
that I last saw him alive on Dec 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Lymphatic Leukemia 5 yrs.
Duration

Due to _____

Due to 7/4

Other conditions Chr Myocarditis 5 yrs
(Include pregnancy within 3 months of death)
arteriosclerosis

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 _____

3. Signature Max Starbloff (M. D. or other) MD

Address 512 S. Mar Pl. Date signed 1/25/44

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

MOTHER FATHER

Max Starkloff

1-3

512 B...

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.