V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#39860
DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS
FILED MAR 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8408

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2550

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4159 Osceola St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Withoff

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 9 (Day) 1862 (Year)

8. AGE: Years 82 | Months 4 | Days 9 | If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Lutz
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant William Withoff
(b) Address 4159 Osceola Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) MAR 20 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1945 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from 3/13/45, 19..., to 3/18/45, 19...; that I last saw h. or alive on 3/18/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration

Due to Arteriosclerotic heart disease c decompensation, grade IV

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy 0 as above

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 [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 3/19/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.