

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32013

State File No. ....

#52662

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8113**

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

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (in this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		
3. NAME OF DECEASED (Type or Print)		d. STREET ADDRESS (If rural, give location)		
a. (First) <i>WILLIAM</i>		b. (Middle) <i>WITHOFF</i>		c. (Last)
4. DATE OF DEATH		5. SEX <i>Male</i>		
Month <i>Sept.</i> Day <i>24th</i> Year <i>1950</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>
8. DATE OF BIRTH <i>Sept. 25, 1884</i>		9. AGE (In years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>
11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>August Withoff</i>
13b. MOTHER'S MAIDEN NAME <i>Emma Lutz</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>188-03-8180</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Fred Withoff--1911 S. 9th St.</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331X</i>
22. I hereby certify that I attended the deceased from <i>7/17/50</i> , 19 <i>50</i> , to <i>9/24/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>9/24/50</i> , 19 <i>50</i> , and that death occurred at <i>6:30PM</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>J. H. Laine, M.D.</i>		23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>9/25/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9/27/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>N. St. Marcus</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker-Nelshole 3634 Gravois</i>		
DATE REC'D BY LOCAL REG. <i>SEP 26 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		

*Shel*

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank J. Howard Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *St Louis Mo*

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.