

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39177

State File No.

318

1003

Registrar's No. 0094

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>Box 589 Rt. II</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Box 589 Rt. II</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>WIETHOP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 29, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Koch</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Schill</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur F. Wiethop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Wiethop Box 589 Rt. II, Lemay, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes acidosis (Coma)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? <u>260X</u>					
22. I hereby certify that I attended the deceased from <u>Aug 10⁵⁰</u> , to <u>Oct 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>50</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Hoffman M.D.</u> (Degree or title)				23b. ADDRESS <u>16 Hampton Village Pl.</u>		23c. DATE SIGNED <u>10/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old St. John Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mehlville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 26 1950</u>		REGISTRAR'S SIGNATURE <u>J B Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 So. Broadway, St. Louis, Mo.</u>			

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

(Handwritten scribbles)

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 *Harry J. Schomacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *2819 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.