MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29696

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8887

City St. Louis Mo. (No. 4065, Giles St. ..... Ward)

2. FULL NAME Wm F. Wiethop

(a) Residence. No. 4065 Giles Ave. St., 16 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29-1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Mercantile
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mehlville Mo.

PARENTS

10. NAME OF FATHER Henry Wiethop
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Helena Theiss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mehlville

14. INFORMANT Herman Wiethop
(Address) 4065 Giles Ave.

15. SEP FILED ....., 19..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1929 to Aug. 29th, 1929 that I last saw him alive on Aug 29 1929, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
121
(duration) ..... yrs. 12 mos. 9 ds.

CONTRIBUTORY (SECONDARY) 121A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & Unusual Symptoms
(Signed) John D Trapp, M. D.
8/31, 1929 (Address) 3102 S. Grand Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mehlville, Mo.	Sept. 2 1929.
20. UNDERTAKER	**ADDRESS**
Ziegenhein Bros. 2623	Cherokee

SEE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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