REC'D APR 12 1939

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

791
1003

9079
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township or City St. Louis 1 Primary Registration District No. Registered No. 2844

(c) Street No. 6371 Smiley St. (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 3/3 Anna E. Wiethaupt

(a) Residence, No. 6371 Smiley St. 3 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Henry C. Wiethaupt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1867

7. AGE: YEARS 71 MONTHS 6 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hswk
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

FATHER
13. NAME Henry Lyman 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME — Kerrenback
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) M. E. Wiethaupt 6371 Smiley

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Marcus Cem. DATE 3-27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Und Co. 6322 S. Grand

20. FILED 7-1 19 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14th 1932, to March 24 1939

I last saw her alive on March 24 1939. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, non calculous since July 14th	1932

Other contributory causes of importance: 127

Name of operation ✓ Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert A. Gebhardt, M. D.

(Address) 3438 Chippewa St.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Gebhardt
3438 Chouteau
1 — 3:30
La 5177

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 FRANK LUDWIG, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.