

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

11550

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **599**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS, MISSOURI**
b. CITY (If outside corporate limits, write RURAL and give town) **JEFFERSON BARRACKS**
c. LENGTH OF STAY (in this place) **179 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **VA HOSPITAL, JEFF BRKS, MO**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **ST. LOUIS**
c. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**
d. STREET ADDRESS (If rural, give location) **1952a Withnell**

3. NAME OF DECEASED
a. (First) **WILLIAM**
b. (Middle) **H.**
c. (Last) **WETTROTH**
4. DATE OF DEATH (Month) (Day) (Year) **MARCH 7, 1950**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE (1)** 8. DATE OF BIRTH **11-8-25** 9. AGE (In years) (Months) (Days) (Hours) (Min.) **24 3 25**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Draftsman** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **ST. LOUIS, MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WILLIAM WETTROTH** 13b. MOTHER'S MAIDEN NAME **MARGARET BIRCHOFF** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **4-25-16 / 3-1-16** 16. SOCIAL SECURITY NO. **111K** 17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF BRKS, MO.** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **METASTATIC CARCINOMA** INTERVAL BETWEEN ONSET AND DEATH **5 MO.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **DUE TO (b) CARCINOMA OF TESTICLE** **8 MO.**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **178X**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **BIOPSY OF TESTICLE REVEALED CARCINOMA OF TESTICLE** 178X 20. AUTOPSY? **YES** **NO**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **VA** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-13**, **1949**, to **3-7-**, **1950**, that death was the direct result of _____ and that death occurred at **3:20A** m., from the causes and on the date stated above.

23a. SIGNATURE **L. E. Kilwell M.D.** (Degree or title) **0** 23b. ADDRESS **VET. ADM. HOSP. JEFF. BRKS. MO.** 23c. DATE SIGNED **3-7-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MARCH 9-50** 24c. NAME OF CEMETERY OR CREMATORY **NATIONAL** 24d. LOCATION (City, town, or county) (State) **JEFF BRKS. MO.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Harbert O. Douke M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **HOFFMEISTER U&L CO.** ADDRESS **781 1/2 S. Brdwy, St. Louis, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1951

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 Louis O. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3571

P. O. Address 7414 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.