

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2855

FILED AUG 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay,</u>		486 <u>4860</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2009 Telegraph Rd.</u>			d. STREET ADDRESS (If rural, give location) <u>2009 Telegraph Rd.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>WIETHOP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1904</u>		9. AGE (in years last birthday) <u>46</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WEEK: Hours _____ Min. _____
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>Graves County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Wiethop, Jr.</u>	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Wiethop, Jr. - 2009 Telegraph Rd</u>			
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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, asphyxia, 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) <u>Metastatic Carcinoma of Liver</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma left ovary</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Three months</u> <u>3 1/2 Months</u>
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19a. DATE OF OPERATION <u>3/19/1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left ovary</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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? _____			

22. I hereby certify that I attended the deceased from 7/24, 1951, to 8/5, 1951, that I last saw the deceased alive on 8/5, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernard T. Koon</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4755 Kingshighway Rd</u> <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>8/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		

DATE REC'D BY LOCAL REG. <u>8/7/51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser - 4228 S. Kingshighway Bl.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
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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 *Richard W. Storrsand*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4007*.....

P. O. Address.....

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.