

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

Do not use this space.

22916

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. Children's Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 6590 (Ward)

**2. FULL NAME**

John Elmer Withers  
(a) Residence. No. 2024 S-10th St. 23 Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

10. NAME OF FATHER William Withers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Dorothy Knoll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) MO

14. INFORMANT M. B. Jacobi (Address) 500 S. Kingshighway

15. JUL 20 1927 FILED. 19. May 6 Starkloff REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1927  
17.

I HEREBY CERTIFY, That I attended deceased from July 14 1927 to July 18 1927 that I last saw him alive on July 18 1927, and that death occurred, on the date stated above, at 10:50 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia, lobar  
Primary  
10 1/2 10 1/2  
29 1/2 (duration) yrs. mos. 4 ds.

CONTRIBUTORY Cholera media - acute (SECONDARY) (duration) yrs. mos. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? Home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) Katherine Bam M. D.

7-18 1927 (Address) St. Louis Children's Hosp

\*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**

St. Trinity Lutheran Cemetery

**DATE OF BURIAL**

July 20 1927

**20. UNDERTAKER**

Thos H. Buderwidy

**ADDRESS**

1736 N. Louis Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Thomson