

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

Do not use this space.

18299

1. PLACE OF DEATH

County St. Louis
Township Bonhome
City Bethesda

Registration District No. 785
Primary Registration District No. 6031
Registered No. 119
Ward 108

2. FULL NAME

(a) Residence. No. 2313 Bellvue Bl. St. Mo. Ward. Maplewood
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of Lillie Withrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
58 7 15

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Perry Withrow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. W. A. Withrow
(Address) 2313 Bellvue Maplewood Mo.

15. FILED 6/10, 1928 C. Barnett MO. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13, 1928

17. I HEREBY CERTIFY That I attended deceased from 5/12, 1928, to 5/13, 1928
that I last saw him alive on 5/13, 1928, and that death occurred, on the date stated above, at Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cardiac & Liver
4415
CONTRIBUTORY (SECONDARY) 4415
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF autopsy held

WAS THERE AN AUTOPSY? autopsy held

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Maurice Thompson M.D.

May 13, 1928 (Address) 305 Reedvelt Bldg

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 Bethel Cemetery DATE OF BURIAL 5/16/1928

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood Mo.

Louis H. Bopp

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

Dr. John G. Gribble
7236 Wise Ave.,
Ni 8326.