

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

Do not use this space.

18174

1. PLACE OF DEATH

County _____ Registration District No. 792
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. _____, Sanitarium) St. _____ Ward _____

File No. _____
Registered No. 5152
St. _____ Ward _____

2. FULL NAME

Andrew Litwilder
(a) Residence, No. 2412 No. 15th St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Litwilder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 29

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown town a

13. NAME William Litwilder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT W. F. McChauve M.D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Celery DATE May 30, 1932

19. UNDERTAKER Leidner & Co (ADDRESS) 191 1/2 N. Market St.

20. FILED MAY 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25th, 1932, to May 28th, 1932
I last saw him alive on May 28th, 1932 Death is said to have occurred on the date stated above, at 12:40 a.m.
The principal cause of death and related causes of importance were as follows:

ABC
diffuse myocarditis Date of onset 4/25/32
acute sclerosing Hypertension Schility 4/25/32

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) William F. McChauve M. D.
(Address) 5400 Arsenal St.

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.

