

DEC 3 MAR 13 1939

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

4623
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2001a Maury Ave.** Registered No. **1316**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George M. Withington
 Residence, No. **2001a Maury Ave.** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie Withington**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 21, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **George Withington**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Theresa Withington**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Mrs. Carrie Withington 2001a Maury Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 11, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**

20. FILED **FEB 10 1939** **J. E. Brudek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1939** 19

22. I HEREBY CERTIFY, That I attended deceased from **About Jan 1937**, 19, to **Feb 8**, 19**39**

I last saw **him** alive on **2-7-39**, 19. Death is said to have occurred on the date stated above, at **2:30 am.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of the bladder, urinary with Metastasis to liver ect. Date of onset

Other contributory causes of importance: **51**

Name of operation **None** 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? **No**
 If so, specify **Dr. G. Sherman**, M. D.
 (Signed) **J. E. Brudek**
 (Address) **4448 Shaw Blvd**

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.

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

Registered Apprentice No., working under my personal supervision.

Signed

W H Van Matre

Licensed Embalmer No.

2825

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, above space should be left blank.