S. No. 2
M—9-4-41
r. 5-17-39
P1 X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25386

State File No.

Registration District No. 784 Primary Registration District No. 212 Registrar's No. 1540

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. June 29, 1942. (Specify whether
In this community Since 6/29/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County 11
(c) City or town Flora
(If outside city or town limits, write "RURAL") 0
(d) Street No. 633 West 4th Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Elmer Withrow
3. (b) If veteran, name war World War #1
3. (c) Social Security No. Yes - not remembered
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 9, (Day) 1890 (Year)

8. AGE: Years 52 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Fairfield, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation WPA Worker
11. Industry or business -
FATHER
12. Name Richard Withrow
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Pennington
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Alice Selvage
(b) Address Acting Clinical Clerk, VAF, Jeff. Bk., Mo.
17. (a) Removal, Ill. (Burial, cremation, or removal) (b) Date thereof July 18, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Olney, Illinois
18. (a) Signature of funeral director [illegible]
(b) Address 7814 S. Broadway
19. (a) JUL 18 1942 (Date received by Registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th, year 1942 hour 1:30 minute p. M.
21. I hereby certify that I attended the deceased from June 29, 1942, to July 17, 1942, that I last saw him alive on July 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma, bronchogenic, left lung, with metastases to abdominal organs and cervical glands. — Unknown
Due to Broncho Pneumonia
Due to -
Other conditions None.
(Include pregnancy within 3 months of death)
Major findings:
Of operations -
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) Nature of injury
23. Signature R. W. Good, M.D. (M. D. or other)
Address Acting Chief Medical Officer Date signed 7/17/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1948

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.