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FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo. Pacific Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5841 Devonshire**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Charles Goff Whitworth

3. (b) If veteran, name war..... **none**

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**
6. (b) Name of husband or wife **Lula E.**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **November 13 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 22 hr. min.

9. Birthplace **Fredericktown Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ass't Auditor (retired)**

11. Industry or business **Mo. Pac. R. R.**

12. Name **President W. Whitworth**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Tidwell**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula E. Whitworth**
(b) Address **5841 Devonshire**
17. (a) **removal (rail)** (b) Date thereof **2-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ironton, Missouri**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 S. Kingshighway**

19. (a) **FEB 6 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5**
year **1948** hour **5** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **December 2**, 1947 to **February 5**, 1948
that I last saw him alive on **February 5**, 1948
and that death occurred on the date and hour stated above

Immediate cause of death **Urinary Cystitis + Pyelonephritis**

Due to **neurogenic cord bladder**

Due to **Parkinson's Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **87 ✓**
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)
While at work? (e) Means of injury **0**
Charles Goff Whitworth (M. D. or other)
Address **St. Louis, Mo.** Date signed **2-5-48**

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... *Richard W. Stovessand*.....
Licensed Embalmer No..... *4007*.....
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, fact should be so stated above.