

V. S. No. 300
Rev. 10-48

XC 602 015
Reg. 106,740

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16697

FILED APR 29 1953
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1131

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS		b. COUNTY Unknown			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. LENGTH OF STAY (In this place) 148 Days		c. CITY OR TOWN SIMS			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. STREET ADDRESS (If rural, give location) None		8120 8			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) E.		c. (Last) WITHROW			
4. DATE OF DEATH (Month) (Day) (Year) 4/18/53		5. SEX MALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/28/90		9. AGE (In years last birthday) 62 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Ill.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME SAMUEL S. WITHROW		13b. MOTHER'S MAIDEN NAME LAURA YOUNG			
14. NAME OF HUSBAND OR WIFE CORA WITHROW		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 332-14-4720			
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA RIGHT PYRIFORM SINUS WITH PERFORATION INTO ESOPHAGUS ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - II. OTHER SIGNIFICANT CONDITIONS LOBAR PNEUMONIA RIGHT AND LEFT LOWER LOBES Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/21, 1952, to 4/18, 1953, that I was the attending physician, and that death occurred at 8:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Harvey S. Braufman (Degree or title) M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 4/19/53			
24a. BURIAL CREMATION, REMOVAL (Specify) Removal train		24b. DATE 4-20-53		24c. NAME OF CEMETERY OR CREMATORY unk.			
24d. LOCATION (City, town, or county) (State) Mt. Vernon, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donohue M.D.		ADDRESS SOUTH BEND FUNERAL HOME 6822 S. GRAND BLVD. ST. LOUIS, MO.			

P.T. (Licensed Embalmer's Statement on Reverse Side)

APR 9 1954

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Louis Van Fossan*.....

Licensed Embalmer No. *4242*
P. O. Address *6322 S. Grand*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.