

FILED FEB 24 1955 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6628

State File No.

BIRTH NO. 66289-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0873

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u> | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Maryland Heights</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> | | STREET ADDRESS (If rural, give location) <u>Route 1, Maryland Hights</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>STEPHEN</u> | b. (Middle) <u>H.</u> | c. (Last) <u>WITHERS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1955</u> |
|-------------------------------------|---------------------------|-----------------------|--------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>July 25, 1954</u> | 9. AGE (In years last birthday) <u>6</u> | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|--|---------------------------------------|--|----------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>us</u> |
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| 13a. FATHER'S NAME <u>Clifton Withers</u> | 13b. MOTHER'S MAIDEN NAME <u>Sally Clinton</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clifton Withers, Maryland Hights, Mo</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheo bronchitis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>ileo stomy - atrophic Colon</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>501X</u> |
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22. I hereby certify that I attended the deceased from July 25, 1954 to Jan 29, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 4 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Jackson Gto OMD</u> (Decease or title) | 23b. ADDRESS <u>654 No Yune</u> | 23c. DATE SIGNED <u>1/31/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 1, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.,</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>JAN 31 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> | ADDRESS <u>1125 Hodiamont Ave.,</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Alfred J. Boedeker*.....

Licensed Embalmer No... 2663

P. O. Address 1125 HODIAMO

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.