

FILED APR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11641****318****1003**Registrar's No. **2767**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 3 days.		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) #2029 Forest Avenue.				
3. NAME OF DECEASED (Type or Print) a. (First) Leville			b. (Middle) Jr.		c. (Last) Withrow		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1956	
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Jan'y 15, 1873.		9. AGE (In years last birthday) 83.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager:::Acme Storage & Moving Co.,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Livingston County, Ill.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME David A. Withrow.			13b. MOTHER'S MAIDEN NAME (Unknown).		14. NAME OF HUSBAND OR WIFE Addie Ballman Withrow.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs L. J. Withrow. #2029 Forest Ave.,				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				DUE TO (b) Cerebral Arteriolarsclerosis				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332+				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 March 14, 1956 , to March 16, 1956 , that I last saw the deceased alive on March 16, 1956 , and that death occurred at 6:00P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) N. P. Kroulton M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/19/56.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum.		24d. LOCATION (City, town, or county) (State) #7800 St. Charles Rock Road.			
DATE REC'D BY LOCAL REG. MAR 19 1956		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd.,				

(Licensed Embalmer's Statement on Reverse Side)

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..... *Clarence H. Mumford*

Licensed Embalmer No..... *46*

P. O. Address..... *H. L. Mumford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.