

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003802
Do not use this space.

Registered No. 802

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edgar P. Withrow

- (a) Residence, No. 7 Ridgewood Road St. WR LaDue Village
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth R.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14th 1885		
7. AGE YEARS 53	MONTHS 11	DAYS 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Civil Engineer		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **James E. Withrow**
14. BIRTHPLACE (CITY OR TOWN) **Rushville**
(STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Addie Partridge**
16. BIRTHPLACE (CITY OR TOWN) **Plattsburg**
(STATE OR COUNTRY) **New York**

17. INFORMANT **E. C. Foote,**
(ADDRESS) **200 N. Broadway.**

18. ~~BURIAL~~ CREMATION, ~~BY~~ **Valhalla Crem.** DATE **Jan 26, 39.**

19. FUNERAL DIRECTOR **Wagoner Undertaking Co**
(ADDRESS) **3621 Olive St.**

20. FILED **JAN 25 1939**
J. B. Bieder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan - 27 1939**

22. I HEREBY CERTIFY, That I attended deceased from

1924 to **Jan 23 1939**I last saw him alive on **Jan 22 1939** Death is saidto have occurred on the date stated above, at **11:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Fatal Myocarditis involving
Branch of His -
Chronic myocarditis**

Other contributory causes of importance:
acute cardiac dilation.

Name of operation Date of

What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **L. J. J. J.**(Address) **737 University Avenue**

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter

Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

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.)