

791 STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16828  
Registrar's No. 4539

FILED JUN 2 1942

Registration District No. ....

Primary Registration District No. ....

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Firmin Desloge 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)

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 823 So, 13th  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Barbara Withrow

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Jan 22 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 3 ..... hr. .... min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business.....

MOTHER FATHER

12. Name Darscey Withrow

13. Birthplace Leadwood Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Arlene Rouson

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arlene Withrow

(b) Address 823 So, 13th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Leadwood Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Ashington

19. (a) MAY 25 1942 (Date received local registrar) J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1942 hour 6:50 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Labor Pneumonia

Due to.....

Due to.....  
108

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to 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?

While at work?.....  
(Specify type of place) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other).....

Address Depue Date signed 5/25/42

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**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

*W. J. Wilkinson*

Licensed Embalmer No.

3575

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.