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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12247

Registration District No. FILED MAR 28 1944

Primary Registration District No. 3069

Registrar's No. 619

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Jefferson Twp.~~ 16 Hanley Downs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community: 59 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 16 Hanley Downs 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME: Nathan P. Withington
3. (b) If veteran, name war:
3. (c) Social Security No. 488-01-7695
4. Sex: Male D
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Julietta
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: 8 (Month) 27 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	12	hr. min.

9. Birthplace: San Fransisco (City, town, or county) Calif. (State or foreign country) I
10. Usual occupation: Pres. Pioneer Coal & C.Co
11. Industry or business:
FATHER 12. Name: James R. Withington
13. Birthplace: Unknown (City, town, or county) U.S.A. (State or foreign country) I
MOTHER 14. Maiden name: Hannah B. Peoples
15. Birthplace: Unknown (City, town, or county) U.S.A. (State or foreign country) I
16. (a) Informant: Mrs. Julietta Withington
(b) Address: 16 Hanley Downs
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Mausoleum
18. (a) Signature of funeral director: Alexander Sons
(b) Address: 6175 Delmar Blvd.
19. (a) MAR 13 1944 (Date received local registrar) (b) E. L. McGavran, M.D. (Registrar's signature) 78

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 5:20 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: Overcome by carbon monoxide in his home.	Duration
Due to: Carbon monoxide asphyxia.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Yes. 178:13 14

PHYSICIAN — 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): Accident. 996
(b) Date of occurrence: March 9, 1944
(c) Where did injury occur? #16 Hanley Downs (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home. (Specify type of place)
While at work? (e) Means of injury?
23. Signature: H. S. Mayfogle (M.D. or other) Deputy Coroner
Address: Kirkwood, Mo. Date signed: 3-10-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1946

MAY 2 1946

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 Thomas R. Jenwick

Licensed Embalmer No. 3793

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.