

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40177

State File No.

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 3767

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Valley Park</u>	c. LENGTH OF STAY (in this place) township) <u>7 1/2 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>	<u>4760</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#1 Box 305</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#1 Box 305</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BAB</u>	b. (Middle)	c. (Last) <u>WITHINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1951</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>Widower</u>	8. DATE OF BIRTH <u>April 15, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Head Fireman (Retired) Liggett-Myers</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tob. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Wenzville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Withington</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Null</u>	14. NAME OF HUSBAND OR WIFE <u>Late Nellie Z. Withington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. C. Crowe</u>	ADDRESS <u>R.R.#1 Box 305</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular-Renal disease</u>		<u>4 plus yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>442x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-8-47, to 11-16-51, that I last saw the deceased alive on 11-16-51, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Crowe</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>806 Meramec Sta R</u>	23c. DATE SIGNED <u>11-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</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>11-21-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dornik, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</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
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.