

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20736

1. PLACE OF DEATH

96 County St Louis Registration District No. 790
2 Township Central Primary Registration District No. 6023
7 City Clayton (No. St Louis Central Hospital) St. _____ Ward _____

2. FULL NAME

Baby Hagen Fitts
(a) Residence, No. 713 Dale Richmond Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE (Col) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— — — 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton
St Louis Mo

13. NAME William Fitts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

15. MAIDEN NAME Sarah Hagen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Sarah Hagen
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Father DuBois DATE 6-17 1932

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Linwood

20. FILED June 16 1932 R. M. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 11, 1932
I last saw h. June 11, 1932 alive on _____, 1932 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Prematurity
151 / 59
Date of onset _____
Other contributory causes of importance: _____

Name of operation Misc Date of _____
What test confirmed diagnosis? 2007 Was there an autopsy? No

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) J. Sidwell, M. D.

(Address) St. Louis Co. Hospital
Clayton, Mo

MI 27 1932

