

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

Do not use this space.

✓ 37543

1. PLACE OF DEATH

County St Louis mo
Township St Louis
City St Louis

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 10217
St. _____ Ward _____

2. FULL NAME

John Stephen Fitzwater
(a) Residence, No. _____ St. 23 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliya Fitzwater</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 30 1854</u>		
7. AGE <u>78</u>	YEARS	MONTHS
		<u>19</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Printer</u>
	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) Richwoods mo

13. NAME Robert Fitzwater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Frank Fitzwater
(ADDRESS) 45 37 a adelaide ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Leasburg Mo DATE Nov 21 1932

19. UNDERTAKER Thos P. Shaffer
(ADDRESS) St Louis Mo

20. FILED NOV 19 1932 W. C. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1932
As physician in attendance
I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Chronic Myocarditis
Date of onset _____

Other contributory causes of importance:
30

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 Nov 17 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 No Injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. W. Kerner, M.D.

(Address) St Louis Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

