

JUN 12 1935

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

Do not use this space.

18096

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 4599 Page Ave.)

File No.....  
Registered No. **4439**  
St. .... Ward)

2. FULL NAME

Alice C. Hites.  
(a) Residence, No. 4599 Page. St. 11 Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Hites

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68. 11 1

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

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) Wis.

13. NAME Martin Butler.

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

15. MAIDEN NAME Mary Bulfin.

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

17. INFORMANT Adrian J. Hites (ADDRESS) 4599 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE May 18 1935

19. UNDERTAKER (ADDRESS) Muller and Co. 5165 Delmar Blvd.

20. FILED 17 1935 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to May 16 1935

I last saw her alive on May 16 1935 Death is said to have occurred on the date stated above, at 3:45 A. M.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset

Other contributory causes of importance:  
asthma **930**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify WV White  
(Signed) WV White, M. D.  
(Address) 2803 N. Kingsley Way

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.

