FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 790

Township: Clayton — Primary Registration District No.: 6033

City: Clayton (No. St. Louis Co. Hospital St. Ward)

File No.: 3036

Registered No.: 40

2. FULL NAME: Fites, Alice

(a) Residence, No. 414 N. Florissant St., Ward. Ferguson, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

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: Cyril Fites

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1900

7. AGE: Years 36 | Months 10 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): Indiana

FATHER

13. NAME: R. H. Vernon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mae Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT: Cyril B. Fites
(ADDRESS): 414 Florissant Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Winamac, Ind. DATE: Jan. 30, 1937

19. UNDERTAKER: Jos. W. Clark
(ADDRESS): 1125 Hodiamont Ave.

20. FILED: 1/29, 1937 Dr. A. J. Sequelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.

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

	Date of onset
Automobile accident. while riding as a passenger in a private automobile on a public highway; striking a telephone pole	1/10/37
Other contributory causes of importance:	
1/ Ruptured urinary bladder	
2/ Fracture of R. Zygomatic	1/10/37
3/ Fracture of R. Pubic bone	

Name of operation: Repair of bladder Date of: 1/11/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: 1/10, 1937

Where did injury occur? Wellston, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Auto struck pole. Driver ran

Nature of injury: Ruptured urinary bladder

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Lawler, M. D.

(Address) Former Examining Coroner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD