

DEC 13 1937

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

39454  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis, (d) Street No. 4332a McRee av., St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William T. Hitt,  
(a) Residence, No. .... St. KA Pochahontas, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862-10-24

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
62 75 - 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) New Wells, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME William Hitt,  
14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Quemie Ross,  
16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Bessie Simpson,  
(ADDRESS) 4332a McRee av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pochahontas, Mo. DATE 11/10/37

19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) Clayton Road at Concordia Lane

20. FILED NOV 10 1937 J. F. Bredeck  
Local Registrar.

## No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th, 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 ..... m.

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

Chronic Myocarditis;

Date of onset

Other contributory causes of importance:  
Arterio Sclerosis.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 See above.  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) Joseph M. Turner, M.D.  
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst

L. E.

2502

No. 2502 or by L. E., Registered Apprentice No. 2502

working under my personal supervision.

Signed Robert J. Ambruster

Licensed Embalmer No. 1994

**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.)**