

MAR 14 1939

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

5310
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. **City Hospital No. 1** Registered No. **1955**
(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.

C. 13021
2. PRINT FULL NAME **William Fitzmartin 325**
(a) Residence, No. **No Home** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX male	4. COLOR OR RACE white	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) April 11, 1870				
7. AGE 67	YEARS	MONTHS 9	DAYS 19	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. nil			
	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) Ohio				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT Hosp; Info M. Kent (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 2-4 19 38				
19. FUNERAL DIRECTOR W Richter (ADDRESS) 3500 Putnam St				
20. FILED FEB 23 1939 J. B. Brudick Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	1/30/38 19
22. I HEREBY CERTIFY, That I attended deceased from 12/17/37 19 to 1/30/38 19	
I last saw him alive on	1/30/38 19. Death is said to have occurred on the date stated above, at 1.20 a
The principal cause of death and related causes of importance were as follows: Carcinoma of stomach Date of onset	
Other contributory causes of importance: gastro enterostomy	
Name of operation	Date of 1-27-38
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 (Signed) City Hospital No. 1 M. D. (Address)	

(Licensed Embalmer's Statement on Reverse Side)

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.

Y 1212004

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)