

1938 NOV 16 1938

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

33814  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 8800  
 (c) City St. Louis (d) Street No. 4132 Washington Boulevard 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 Thomas B. Fitch

(a) Residence, No. 4132 Washington Boulevard St. 19  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal Fitch  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1883  
 7. AGE YEARS 55 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Office Equipment Co.  
 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) St. Louis Missouri  
 FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Harriet Black  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Opal Fitch - Wife  
 (ADDRESS) 4132 Washington, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Oct. 10, 1938

19. FUNERAL DIRECTOR C. Hofmeister U. & L. Co.  
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED OCT 9 1938 J. T. Bredeck (Address) 4132 Washington Blvd  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1938 19  
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1938, to Oct. 7, 1938  
 I last saw him alive on 12:30 PM Oct. 7, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Morton John Overhoff, M. D.

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.

to be removed  
4-29-19 Washington

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me and Linus C. Hoffmeister  
L. E. 3871  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed L. E. Hoffmeister 3871  
Licensed Embalmer No. 2426

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.)