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.

DEC 12 1938

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

791

37933

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 10260

(c) City St. Louis (d) Street No. Deaconess Hospital 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.

325

2. PRINT FULL NAME Albert H. Hitchings

(a) Residence, No. 4615 Lindell Blvd. St. 12
(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 Millie G. Hitchings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870 Nov. 25.

7. AGE: YEARS 68 | MONTHS 00 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as 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) Bristol England. 4

FATHER
13. NAME Samuel P. Hitchings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Henrietta Hewish
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Millie G. Hitchings 4615 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Nov. 29. 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED NOV 27 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1938, to Nov. 26th, 1938
I last saw him alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	11-23-38
no pneumonia	
non tubercular	

Other contributory causes of importance:

Cerebral Hemorrhage	10-26-1938

Name of operation None Date of
What test confirmed diagnosis? Phys. signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Josephs Davie, M. D.
(Address) Century Bldg.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Davie
Century Bldg.
2-5 P. M.

319 N. 9th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Jos. E. McCulloh, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

St Louis Mo

If this body is not embalmed, above space should be left blank.