

1939 JUN 12 1939

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

16700  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **Central Hosp.** Registered No. **4234**  
(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

(a) Residence, No. **360 Infant Fitter** St. **12**  
**4727 Vernon** (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 <b>female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 28 1939</b>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>nil</b>		
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) <b>St. Louis Missouri</b>		
13. NAME <b>Edward Fitter</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>		
15. MAIDEN NAME <b>Dorothy Graber</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>		
17. INFORMANT <b>Edward Fitter</b> (ADDRESS) <b>4727 Vernon</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Crested Hill cemetery</b> 5/7 1939		
19. FUNERAL DIRECTOR <b>H. B. Berger</b> (ADDRESS) <b>4715 McPherson</b>		
20. FILED <b>MAY 7 1939</b> <b>J. B. Budwick</b> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 28 1939** to **May 5 1939**  
I last saw her alive on **May 5 1939**. Death is said to have occurred on the date stated above, at **4 P. m.**  
The principal cause of death and related causes of importance were as follows:  
**Inanition Premature Birth**

Other contributory causes of importance:  
**Premature Birth 6 mo. Gestation**

Name of operation **none** 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? **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) **R. E. Owen**, M. D.  
(Address) **Linnick Clark Bell**  
**1 E. Lewis Mo**

Date of onset **4-28-39**

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.

THIS IS A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

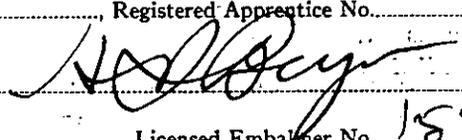
I, ....., Licensed Embalmer No. ....

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. 1897

**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.)**