

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23760

State File No.

Registrar's No.

6033

Registration District No.

1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RESIDENCE - 310 BELT AVE (SECOND FLOOR)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME MAGGIE (STUBBS) EDWARDS FITTS 320

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HUGH EDWARD FITTS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 22, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 16 hr. min.

9. Birthplace PRINCETON, KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Mrs. MATTHEW LYONS EDWARDS

13. Birthplace LYON COUNTY, KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name MARY CATHERINE STUBBS

15. Birthplace LYON COUNTY, KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hugh Lee Fitts
(b) Address 310 BELT AVE.

17. (a) burial (b) Date thereof 5/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cairo, Ill.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

19. Ill 8 1939 (b) J.P. Bredisch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 310 BELT AVE (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Eighth
year 1939 hour 5:50 minute A M.

21. I hereby certify that I attended the deceased from aug
1912, 1912, to July 8, 1939;
that I last saw h. ER alive on aug 9, 1938
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 HRS

Due to Chronic myocarditis 54RS

Due to Serum Sickness

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operation _____ Of autopsy _____
J.P. Bredisch Deputy Coroner
7/10/39

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature L.A. Luton (M. D. or other) md
Address 508 No Grand Date signed 7/18/39

Mr. J. J. Sutton
Metro Realty

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, or by.....

Elbert White

, Registered Apprentice No. *209*

working under my personal supervision.

Signed *Geo. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *3120 Pelmar*

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.)

Geo. E. McCulloch

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