

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No. 8231

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bethesda Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 days
(Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME. Margaret Evelyn Hite

3. (b) If veteran, name war. No. 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Child

6. (b) Name of husband or wife. Child 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Dec. 14 1935
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>9</u>	<u>17</u>	hr. _____ min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Child

11. Industry or business. 0

MOTHER FATHER { 12. Name. Paul Hite

13. Birthplace. Greenville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name. Lucille Brown

15. Birthplace. Elkins Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. paul Hite

(b) Address. Lemay, Mo.

17. (a) Removal (b) Date thereof. 10-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Flat River, Mo.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address. 4700 Washington Ave.

19. (a) OCT 3 1940 (b) J. F. [Signature]
(Date received local registrar) (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis

(c) City or town. Lemay NR
(If outside city or town limits, write "RURAL")

(d) Street No. 505 Little Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year. 1940 hour 6 minute. 25 P.M.

21. I hereby certify that I attended the deceased from Sept. 23, 1940, to Oct. 1, 1940 that I last saw her alive on Oct. 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral edema 3 days

Due to. Brain tumor, malignant 6 mos. +

Due to.....

Other conditions. 53
(Include pregnancy within 3 months of death)

Major findings: Of operations. Medulo-blastoma

Of autopsy.....

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 T. S. Zehorsky (M. D. or other) M. D.
Address 536 N. Taylor Date signed Oct. 2/40

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.....

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

Signed.....



Licensed Embalmer No..... 2421

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.