

No. 2
-13-40
17-39
X23159

FILED MAR 25 1941

State File No. _____
Registrar's No. 1477

Registration District No. 191 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital &
(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

3. (a) PRINT FULL NAME Hattie Fitch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race negro

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Ben Fitch

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 70 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Cuba / Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Austin ?

13. Birthplace ? / Ala.
(City, town, or county) (State or foreign country)

14. Maiden name ?

15. Birthplace ? / G
(City, town, or county) (State or foreign country)

16. (a) Informant Artigrie Fitch

(b) Address 2117-a Carr Street.

17. (a) Burial (b) Date thereof Feb. 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director L. Thomas Sheridan

(b) Address 2734 Sheridan

19. FEB 14 1941 (b) J. W. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COO

(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL")

(d) Street No. 2117^a Carr St
(If rural, give location)

(e) If foreign born, resided in U.S.A. for _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th
year 1941 hour 5 minute 15^P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Valvular

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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)

(A) Means of injury 3

23. Signature Alfred W. ... (M.D. or other) _____
Address _____ Date signed 2/14/41

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

*OK
C.R.
Have
Hanson
sign later*

S. J. Watson
2698
2749 Chouteau

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.