

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12039

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 587

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Berliner Nursing Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)
 In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76
 (c) City or town Overland 13
(If outside city or town limits, write "RURAL")
 (d) Street No. Berliner Nursing Home 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Noah W. Fitzwater

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

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

6. (b) Name of husband or wife Mollie Fitzwater 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 26, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Unknown
 18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie Meyers
 (b) Address 4531 Shaw Ave.

17. (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Brush Creek Cem. Gray Summit, MO.
 (c) Place: burial or cremation

18. (a) Signature of funeral director Wacker-Heldner
 (b) Address 2331 S. Broadway

19. (a) MAR 17 1941 (b) W. R. Dwyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from March 15, 1941 to March 15, 1941, that I last saw him alive on March 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Arteriosclerosis
 Due to General
Senile Degeneration
 Due to Ischaemic

Duration
South
" 2 1/2"
" 5"

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings: 94
 Of operations
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 W. Broadway
(City or town) (County) (State)
 (e) Means of injury

23. Signature J. H. Dwyer (M. D. or other)
 Address 560 S. Broadway Date signed 3/18/41

WRITE 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.

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 Frank J. Dyland
Licensed Embalmer No. 9645
P. O. Address St. Louis

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, above space should be left blank.