V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3596

Registration District No. 789 Primary Registration District No. 115 Registrar's No. 294

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6833 Kingsbury Plc. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 060
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 6833 Kingsbury Plc.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Hattie Fittge
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry G. Fittge
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: April (Month) 14 (Day) 1875 (Year)

8. AGE: Years 66 Months 9 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county): Mo. (State or foreign country): 0
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Gerhart H Ossing
FATHER 13. Birthplace (City, town, or county): 4 (State or foreign country): Germany
MOTHER 14. Maiden name: Minna Harens
MOTHER 15. Birthplace (City, town, or county): 4 (State or foreign country): Germany
16. (a) Informant: Erwin H. Fittge
(b) Address: 6833 Kingsbury Plc.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.
18. (a) Signature of funeral director: Drehmann Harral
(b) Address: 1905 N. Union Blvd
19. (a) FEB 9 1942 (Date received local registrar) (b) E. B. McNamara M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1942 hour minute M.
21. I hereby certify that I attended the deceased from March 25 1937 to Feb 8 1942; that I last saw her alive on Feb 8 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rt Ovary	5
Due to:	
Due to: HA	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of rt Ovary	
Of autopsy: none.	

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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: W. S. Brown (M. D. or other)
Address: 3903 Olive Date signed: 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. U Sidney Brown
Hall Bldg. 11 to 1
Jc. 5600

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 Warren A. Carver

Licensed Embalmer No. 3534

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.