

Registration District No. 791

Primary Registration District No. _____

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 Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3420 Lawton (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Ed Fitzhugh

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

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

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

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

8. AGE: Years Months Days If less than one day
ADT 51 hr. min.

9. Birthplace NASHVILLE TENN
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name JAMES FITZHUGH

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

14. Maiden name UNK 9
15. Birthplace UNK
(City, town, or county) (State or foreign country)

16. (a) Informant MARY HOCHES

(b) Address 1044 N Taylor

17. (a) BURIAL (b) Date thereof MARCH-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director A. DeAl

(b) Address 2726 LUCAS AVE

19. (a) MAR 23 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1942 hour 3 minute 07 P. M.

21. I hereby certify that I attended the deceased from March
16, 1942 to March 19, 1942

that I last saw h. in alive on March 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 73

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) (8) Means of injury _____

23. Signature J. W. Johnson (M. D. State)

Address 2601 N. Whittier Date signed 3/20/42

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

20
7
9

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 Arthur L. Hilliard

Licensed Embalmer No. 4

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.