

S. No. 2
M-9441
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31229

FILED OCT 14 1942

State File No.

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 117

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Mo. State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 10 mos. 17 das.
In this community 1 yr. 10 mos. 17 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY FITZKAM

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed

6. (b) Name of husband or wife Joseph Fitzkam

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

7. Birth date of deceased Sept. 13, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 0 2 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER {

12. Name Nicholas Scherer

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

14. Maiden name Unknown

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

16. (a) Informant Records - State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Sept. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste. Genevieve, Mo.

19. (a) Sept. 19, 1942 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1942 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 13
1942, to Sept. 15, 1942

that I last saw h er alive on Sept. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Duration 4 days

Due to

Due to

Other conditions 101
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work? (Specify type of place)

23. Signature Otto N. Schudde (M. D. or other) M. D.

Address Farmington, Mo. Date signed 9-15-42

1198 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1042-123
Date Filed 10-13-42

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 Lea C. Baskin

Licensed Embalmer No. 1985

P. O. Address 1112 S. Lawrence St

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.