

S. No. 2
M-5-42
v. 5-17-39
W-I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31941

State File No. _____
Registrar's No. 8475

FILED OCT 21 1942

Registration District No. 318

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Hartford
(If outside city or town limits, write "RURAL")
(d) Street No. 109 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME NORRIS YOUNG FITZHUGH

3. (b) If veteran, name war None
3. (c) Social Security No. 345-07-3186

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Fitzhugh 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased January 25 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 8 16 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Oil Refinery

MOTHER FATHER { 12. Name James W. Fitzhugh
13. Birthplace Dover Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ora Belle Miles
15. Birthplace Dover Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Fitzhugh

(b) Address 613 Spring Ave Alton

17. (a) Burial (b) Date thereof Oct. 14, 1942
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Ceme. Edwardsville, Ill.

18. (a) Signature of funeral director Robert B. Streep
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) OCT 13 1942 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1942 hour 4:03 minute P.M. M.

21. I hereby certify that I attended the deceased from August 20 1942 to October 11 1942
that I last saw him alive on October 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____
Due to cachexia
Due to Ewing's tumor
(malignant bone tumor)
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Malignant bone tumor
of sacro iliac joint.
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? _____
(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)
(e) Means of injury _____

23. Signature Gordon F. Moore (M. D. ~~XXXXX~~)
Address BARNES HOSPITAL Date signed 10-11-42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Streeper, Registered Apprentice No. _____ working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.