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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7758

State File No.

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 6

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town RURAL STE GENEVIEVE TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE GENEVIEVE

(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")

(d) Street No. Ste Genevieve Twp (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME VIRGINIA FITZKAM

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 WIDOWED 2

6. (b) Name of husband or wife CHARLES FITZKAM

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

7. Birth date of deceased NOV (Month) 23 (Day) 1846 (Year)

8. AGE: Years 96 Months 2 Days 18 If less than one day hr. min.

9. Birthplace BUFALO (City, town, or county) N. Y. 1 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PETER PANCHOT
13. Birthplace (City, town, or county) FRANCE 5 (State or foreign country)

MOTHER
14. Maiden name VICTORIA LAMON
15. Birthplace (City, town, or county) FRANCE 5 (State or foreign country)

16. (a) Informant Zita Gerard

(b) Address Ste Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB-13-43 (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) Feb 12/43 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11 year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10 1943 to Feb 11 1943 that I last saw her alive on Feb 10 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	4 days
Due to Influenza	2 days
Due to	
Other conditions arterio-sclerosis (Include pregnancy within 3 months of death)	5 yr

Major findings:
Of operations
Of autopsy

107

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? (Means of injury)

23. Signature Robert H. Lanning (M. D. or other)

Address Ste Genevieve Mo Date signed 2/12/43

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 343-188
Date Filed 3-6-43

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 Leo C. Basler

Licensed Embalmer No. 1955

P. O. Address Ste Genevieve Mo

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.