

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED DEC 5 1944

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 35861
Registrar's No. 19180

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: 2645 HICKORY
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days Infant Fitts
3. (a) PRINT FULL NAME "DIED UNNAMED"
3. (b) If veteran, name war. 3. (c) Social Security No.

UNDETERMINED 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 1 1944

8. AGE: Years Months Days If less than one day 1 hr. 0 min.

9. Birthplace ST. LOUIS MISSOURI

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name RUBY (ARMSTEAD) FITTS
15. Birthplace WINONA MISSISSIPPI

16. (a) Informant Mother
(b) Address 2645 Hickory

17. (a) ST. LOUIS UNIVERSITY School of Medicine Anatomical Board
(b) Address 3500 Puryear
(c) Place: burial or cremation

18. (a) Signature of funeral director W. Rieckter
(b) Address 3500 Puryear
(c) NOV 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town ST. LOUIS
(d) Street No. 2645 HICKORY
(e) Citizen of foreign country? (Yes or No) No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 1 year 1944 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from NOVEMBER 1 1944 to NOVEMBER 1 1944
that I last saw it alive on NOVEMBER 1 1944
and that death occurred on the date and hour stated above.
Immediate cause of death NEO-NATAL DEATH

Due to (CHILD DEFORMED - ABSENCE OF EXT GENITALIA & RECTUM; BILATERAL TALIPES
Due to EQUINO-VARUS; GROSS DEFORMITY OF LEFT LOWER EXTREMITY & SPINA BIFIDA)
Other conditions (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) (e) Means of injury
23. Signature J. F. Bredeck (M. D. or other) M.D.
Address 1325 S. Grand Ave. St. Louis Date signed 11-3-44

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

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.....

Licensed Embalmer No.....

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.