S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35127

FILED OCT 23 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2298

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 53 Days (Specify whether
In this community 53 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County 999

(c) City or town Owensville 12
(If outside city or town limits, write "RURAL")

(d) Street No. Box 271 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME HITCH, Oscar

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife -

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

7. Birth date of deceased January (Month) 20 (Day) 1868 (Year)

8. AGE: Years 80 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Shoe cobler

11. Industry or business

FATHER
12. Name Elgae Hitch
13. Birthplace - (City, town, or county) Delaware (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Hargroves
15. Birthplace - (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville, Indiana

18. (a) Signature of funeral director A.H.Hoppe Fu.Dir.
(b) Address 4704 Washington, St.Louis, Mo.

19. (a) 10-3-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4
year 1948 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from August 12, 1948, to October 4, 1948; that I last saw him alive on October 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death 1. CARCINOMA OF BLADDER, ANAPLASTIC — Duration Unk.
2. ARTERIOSCLEROTIC HEART DISEASE

Due to

xxxx Contributory cause: UREMIA

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

Major findings:
Of operations 8/16/48 Biopsy of lession of bladder
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? L.E. Stilwell (M. D.)

23. Signature L.E.Stilwell, Chief, Professional Services
Address VA Hosp. Jeff.Bks. Mo. Date signed 10/4/48

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

Jefferson City Printing Co. (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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Ellsworth Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.