

FILED DEC 16 1948

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 235

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
527 Tecumseh Street  
(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:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 527 Tecumseh Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emmet William Fitts

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 3  
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from July 1943, 19\_\_\_\_, to 12-3-48, 19\_\_\_\_.

that I last saw him alive on Nov-27, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hannah Pearl (Benschooter) 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 20 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to \_\_\_\_\_

8. AGE: Year 72 Months 1 Days 13 If less than one day  
hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ggs

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor, retired

11. Industry or business St. Charles High School

12. Name William Fitts

13. Birthplace Warren County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schuster

15. Birthplace Warren County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hannah P. Fitts

(b) Address 527 Tecumseh-St. Charles, Mo.

17. (a) burial (b) Date thereof Dec 5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. D. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 12-6-48 (b) Thaine Hammett  
(Date received local registrar) (Registrar's signature)

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? 1

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. L. Harrington, D.D.

Address St. Charles Mo Date signed 12-3-48

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

2  
9  
3

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 15 1948

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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 Joseph I Landolt  
Licensed Embalmer No. 4189  
P. O. Address St Charles 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.