No. 300
10.48

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

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28184

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7561

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 211 9
d. STREET ADDRESS (If rural, give location): 1723 BACON ST 0

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Fitz

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2 1950

5. SEX: F 3

6. COLOR OR RACE: COL.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED W

8. DATE OF BIRTH: SEPT. 14. 1888

9. AGE (In years last birthday): 61 — If under 1 year: Months 11 Days 18 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ALABAMA /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: FREDRECUS GOENS — **ADDRESS**: 4448 W. BELLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension — Undet.

DUE TO (c) Undetermined

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 321X

22. *I hereby certify that I attended the deceased from* 9-1, 19 50, *to* 9-2, 19 50, *that I last saw the deceased alive on* 9-2, 19 50, *and that death occurred at* 9:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE C. H. Robinson (Degree or title) M. D.

23b. ADDRESS: 2601 N Whittier St

23c. DATE SIGNED: 9-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL U

24b. DATE: 9-7-50

24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEM.

24d. LOCATION (City, town, or county) (State): ST. LOUIS

DATE REC'D BY LOCAL REG.: SEP 6 1950

REGISTRAR'S SIGNATURE: J. B. Sarter

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: PETTIS FUNERAL HOME 4181 WASHINGTON

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Esther T. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 418 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.