S. No. 300
v. 10.48

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

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6073

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1474

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) JEWISH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NORMANDY
d. STREET ADDRESS (If rural, give location) 1517 ENGELHOLM AVE.

17 417

3. NAME OF DECEASED (Type or Print)
a. (First) ARCHIE
b. (Middle) OTIS
c. (Last) FITZWATER.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 3 1881
9. AGE (In years last birthday) 70 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber salesman.
10b. KIND OF BUSINESS OR INDUSTRY Central Hardware Co.
11. BIRTHPLACE (State or foreign country) Steelville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Fitzwater.
13b. MOTHER'S MAIDEN NAME Mariah Key.
14. NAME OF HUSBAND OR WIFE Adella Fitzwater.

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. 489-05-0492
17. INFORMANT'S SIGNATURE OR NAME Loftus Fitzwater; **ADDRESS** 6905 Bartmer Ave.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — INTERVAL: wk to 10 day
DUE TO (c) Acute Myocardial infarct — INTERVAL: wk to 10 day

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 [XX] 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? 4201

22. *I hereby certify that I attended the deceased from* 2/11/51, 19__, *to* 2/13, 1951, *that I last saw the deceased alive on* 2/12, 19 51, *and that death occurred at* 9:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] **(Degree or title)** D
23b. ADDRESS 46 & N. Taylor Ave, St. Louis Mo
23c. DATE SIGNED 2/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-15-1951
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL REG. FEB 13 1951
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; **ADDRESS** 7233 Delmar Blvd;

(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 Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 3864

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.