

AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26733

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2M Registrar's No. 2019

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Normandy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1517 Engleholm Ave</u>		d. STREET ADDRESS (If rural, give location) <u>1517 Engleholm Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OPAL</u>	b. (Middle) <u>ONEITA</u>	c. (Last) <u>FITZWATER.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 1, 1904</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Stenographer; Book Keeper; Real Est.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Leeper, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Archie Fitzwater.</u>	13b. MOTHER'S MAIDEN NAME <u>Adella England.</u>	14. NAME OF HUSBAND OR WIFE - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-09-2978</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loftus Fitzwater;</u>	ADDRESS <u>1517 Engleholm Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis with Coronary Thrombosis</u>		<u>6 yrs</u>
	DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease</u>			<u>?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>disease</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 6, 1946 to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 11:20Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence C. Mueller, M.D.</u>	23b. ADDRESS <u>634 N. Grand Blvd.</u>	23c. DATE SIGNED <u>7-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-28-52</u>	REGISTRAR'S SIGNATURE <u>Herbert J. Donk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons;</u>	ADDRESS <u>7233 Delmar Blvd.</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin J. Hemper

Licensed Embalmer No. 4052

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.