

FILED JAN 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44204**
11975

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

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5351 Delmar</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Fitch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr-4-1864</u>	9. AGE (In years last birthday) <u>89</u>	10. UNDER 1 YEAR Months <u>8</u> Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Fitch</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Fields</u>	14. NAME OF HUSBAND OR WIFE <u>Eunice Mae Hatfield</u>
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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>unknown</u>	16. SOCIAL SECURITY NO. <u>497-16-6112</u>	17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u> ADDRESS <u>Masonic Home of Missouri, 5351 Delmar.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Dys.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	Chronic Interstitial Nephritis 3 Mo.		
ANTECEDENT CAUSES	DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
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 <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5927</u>
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22. I hereby certify that I attended the deceased from 10-31-, 1953, to 12-18-, 1953, that I last saw the deceased alive on 12-18-, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>508 N. Grand Blvd.</u>	23c. DATE SIGNED <u>12-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Side Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sorento Ill.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 21 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. *4746*

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.