

FILED APR 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13423  
Registrar's No. 3185

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or township? Yes <u>U</u> No <u>B</u>
c. LENGTH OF STAY (in this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) 4062 Finney Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4062 Finney Avenue			

3. NAME OF DECEASED (Type or Print) James H. Fluitt		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954	
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1892
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	
11. BIRTHPLACE (City and State or Foreign Country) Waco, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Joe Fluitt	13b. MOTHER'S MAIDEN NAME Lucy Boggin	14. NAME OF HUSBAND OR WIFE Sadie Fluitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Fluitt, 4062 Finney 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		3/18/54
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4/6/54
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 checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490X
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?

22. I hereby certify that I attended the deceased from 3/18/54 to 4/6/54, 19, that I last saw the deceased alive on 4/6/54, 19, and that death occurred at 12:20a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>William D. Lawson MD</i>	23b. ADDRESS 3100a Lucas Ave.	23c. DATE SIGNED 4/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/10/1954	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. APR 8 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.
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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.....  
Signature of Student Embalmer

Signed... *Arthur L. Hilliard* .....

Licensed Embalmer No... 4221 .....

P. O. Address 4107 Finney...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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