

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011604  
STATE FILE NUMBER

FILED MAR 27 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

2537

300  
-57  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Universit City, <i>4066</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>37</i> Hamilton Medical Center		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>27</i> 6970 Dartmouth Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE LAST RUTH HART FITCH.			4. DATE OF DEATH Month Day Year March 2, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF 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) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) Preble Co., Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Nathan Saylor Hart	13b. MOTHER'S MAIDEN NAME Mary Jeannette VanAusdal	14. NAME OF HUSBAND OR WIFE William Milton Fitch
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address K.K. VanMeter 315 E. 68th St. New York City, N.Y.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Thrombosis of Central Artery</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Hypertensive Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 Days</i> <i>20+ years</i> <i>1 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic Pyelonephritis Terminal Bronchopneumonia</i>		19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury if PART I or PART II of item 18.) <i>443x</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	<i>2</i>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *8/56* to *Parent* and last saw her alive on *2/27/58*  
Death occurred at *1:50 AM 2/2/58* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) <i>William N. Black, M.D.</i>	22b. ADDRESS <i>114 N. Taylor Ave</i>	22c. DATE SIGNED <i>3/3/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE <i>3/6/58</i>	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. MAR 3 '58	26. REGISTRAR'S SIGNATURE <i>Earl Smith mo</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

1:20 To 4:00 P.M. 24

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 *Clarence N. Murray*

Licensed Embalmer No. *4011*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.