

No. 300
10. 48

FILED MAR 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007224
State File No.

2 1687
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2 1687	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY OR TOWN E. St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 1525 N. 55th Street			
3. NAME OF DECEASED (Type or Print) IRA		a. (First) E		b. (Middle) HITCHENS		c. (Last)	
4. DATE OF DEATH February 15 1959		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 28, 1896		9. AGE (in years last birthday) 62		IF UNDER 1 YEAR Months 4 Days 17		IF UNDER 14 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Pennsylvania R.R.		11. BIRTHPLACE (City and State or Foreign Country) Georgetown, Delaware		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Hitchens		13b. MOTHER'S MAIDEN NAME Evelyn Hastings		14. NAME OF HUSBAND OR WIFE Selma Hitchens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO. 717-03-9179		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald A. Hitchens, E. St. Louis, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar, Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. H90X DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 5 weeks 12 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 Feb. 7, 1959 , to Feb. 15, 1959 , that I last saw the deceased alive on Feb. 15, 1959 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hawey Walker, Jr., M.D.				23b. ADDRESS 462 N. Taylor Ave. St. L.B., Mo.		23c. DATE SIGNED Feb. 16, 1959	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-59		24c. NAME OF CEMETERY OR CREMATORY Lake View Memorial Gardens		24d. LOCATION (City, town, or county) (State) Belleville Illinois	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Loard Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Louis, Ill	

FEB 17 '59

m.c

(Licensed Embalmer's Statement on Reverse Side)

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

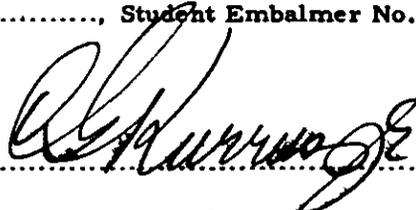
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STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 216

P. O. Address Easton

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.