

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21096

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **137 St. George**)

File No.....
Registered No. **4858** St. Ward)

2. FULL NAME

Lucille Della Fitzwater
(a) Residence, No. **137 St. George** St., **23** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 22nd, 1933.				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
		11		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri			
	13. NAME Champ Fitzwater			
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
	15. MAIDEN NAME Edna Morris			
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri				
17. INFORMANT Charles Fitzwater (ADDRESS) 137 St. George St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE June, 3rd, 1933				
19. UNDERTAKER Waeber-Helderle (ADDRESS) 2351 S. Broadway.				
20. FILED LN - 3 1333 J. P. Briedeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 3rd, 1933**

2. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **5.30 A.M.**
The principal cause of death and related causes of importance were as follows:
Inanition
congenital debility
15e
Other contributory causes of importance: **15e**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **NO.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Harold Gehrig**, M. D.
(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

