

NOV 23 1937

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

38753
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 786
(b) Township Jefferson Primary Registration District No. 4469
(c) City Maplewood (d) Street No. 7542 Folk Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary F. Fitzwater

(a) Residence, No. 7542 Folk Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Talbert Fitzwater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo.

FATHER 13. NAME Newman Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Mrs. McCourtney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mr. Ray Mitchell
(ADDRESS) 7542 Folk Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertsville, Mo. DATE Oct. 31, 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 1456 Manchester Ave., Maplewood, Mo.

20. FILED No. V. 10 19 Franklin District Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1937, to 10/29, 1937
I last saw her alive on 10/28, 1937 Death is said to have occurred on the date stated above, at 7:08 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Arterio-sclerosis Date of onset 1935

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify None
(Signed) B. E. Fenwick M. D.
(Address) Maplewood Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Howard B Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Howard B Rowland
Licensed Embalmer No. 3114

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.)