

Registration District No. 784 Primary Registration District No. 111

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Ann Fitzwater

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 11, 1928  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 1 26 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co., Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

## 11. Industry or business

12. Name Norman Fitzwater

13. Birthplace Franklin Co., Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name DAISY RUCKLE

15. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norman Fitzwater

(b) Address 1528 Wellston

17. (a) Burial (b) Date thereof Jan. 10, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JAN 10 1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1528 Wellston Pl.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7  
 year 1940 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1/3  
1940, to 1/7 1940;  
 that I last saw her alive on 1/7 1940,  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Uremia  
Cerebral hemorrhage

## Duration

?  
1/5/40

Due to

Due to

Other conditions marked anemia  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy Brain hemorrhage (occupied)  
lobe, nephrosclerosis, pulmonary edema

## PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature C. H. Kinney (M. D. or other) !  
 Address 4173 [illegible] Date signed \_\_\_\_\_

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *H. P. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address..... *Maplewood* .....

**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 this body is not embalmed, above space should be left blank.**