No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40896

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10667

1. PLACE OF DEATH:
(a) County: 1
(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 das (Specify whether years, months or days)
In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 8
(c) City or town: St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No.: 2816a Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Hannah Fitzhugh
3. (b) If veteran, name war: ____
3. (c) Social Security No.: Unk
4. Sex: Female
5. Color or race: C
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive: Unk years
7. Birth date of deceased: Unk (Month) (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
abt 75			hr. ____ min.

9. Birthplace: ____ (City, town, or county) Missouri (State or foreign country) C
10. Usual occupation: Nil
11. Industry or business: 9
FATHER
12. Name: Unk
13. Birthplace: Unk (City, town, or county) ____ (State or foreign country) 1
MOTHER
14. Maiden name: Jane Walker
15. Birthplace: ____ (City, town, or county) Alabama (State or foreign country)
16. (a) Informant: Florence A. Spotts
(b) Address: 2601 N Whittier
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 12-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem
18. (a) Signature of funeral director: Otto Hamilton
(b) Address: City Health Dept
19. (a) DEC 26 1940 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1940 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from November 20, 1940 to November 26, 1940 that I last saw her alive on November 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: Indef.
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____
Of autopsy: As above

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: H. J. Erwin (M. D. or other)
Address: 2601 N Whittier Date signed: 11-29-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.