No. 2
4-13-40
5-17-39
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9351

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2761

28
00
17
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethesda General Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. (Specify whether

In this community 6 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 28 2 N.R.

(a) State Mo. (b) County Crawford

(c) City or town Steelville (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Fitzwater, Mrs. Phoebe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Fitzwater

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 23 (Day) - 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	2	4	hr. min.

9. Birthplace Steelville (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name E. Gillies
13. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Matilda Metcalf
15. Birthplace Washington Co. (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Frank Fitzwater

(b) Address Steelville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) - 28 (Day) - 1941 (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Alexander & Sons, Inc

(b) Address 6175 Delmar Blvd. St Louis

19. (a) MAR 28 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1941 hour 5:25 PM minute M.

21. I hereby certify that I attended the deceased from 12 noon till death March 27 1941, to 19 ; that I last saw her alive on March 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia rt side.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pneumonia, both lungs

Duration

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 O

23. Signature James P. Conti (M. D. or other)

Address Bethesda Hosp. Date signed 3/27/41

(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 J Wm Burbley

Licensed Embalmer No. 3653

P. O. Address St Louis Md

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

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