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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1993

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 15, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

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

(d) Street No. 1821 (rear) Montgomery Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Jess Fitch

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. None.

4. Sex male

5. Color or race white

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 January (Month) 2, (Day) 1885 (Year)

8. AGE: Years 57 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Thomas Fitch
13. Birthplace (City, town, or county) Penna. (State or foreign country)

MOTHER
14. Maiden name Hattie Staley
15. Birthplace (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister Mr L.C.
(b) Address 7814 S. Broadway

19. (a) SEP 25 1942 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th, year 1942 hour 3:05 minute p. M.

21. I hereby certify that I attended the deceased from May 15, 1942 to Sept. 24, 1942 that I last saw him alive on Sept. 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, CHRONIC, ACTIVE, FAR ADV. — Duration Unknown

Due to -

Due to -

Other conditions Coronary arteriosclerotic heart disease, myocardial damage, myocardial insufficiency. Duration - unknown.
(Include pregnancy within 3 months of death)

Of operations No operation.
Arteriosclerosis, generalized.

Of autopsy Duration - unknown.
No autopsy.

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? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 9/24/42

(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 Linus Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, fact should be so stated above.