

XC-504 44 10
Reg.No. 7341

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23719

State File No.

SL-5174 FILED AUG 4 - 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6147

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>915 N. Grand, St. Louis, Mo.</u>		c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>116 Days</u>		e. STREET ADDRESS (If rural, give location) <u>1231 Westover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>L.</u> c. (Last) <u>Cunningham Fitch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-24-18</u>
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beautician</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Blankensopp</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Cantrell</u>	
14. NAME OF HUSBAND OR WIFE <u>Kermit L. Fitch</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>Yes WW2</u>		16. SOCIAL SECURITY NO. <u>405 18 0509</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records</u>		ADDRESS <u>915 N. Grand, St. Louis, Mo.</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast with Generalized Metastasis</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>170 x</u>			
22. I, hereby certify that I attended the deceased from <u>3-21-55</u> , 19 <u>55</u> , to <u>7-15-55</u> , 19 <u>55</u> , and that death occurred at <u>4:30p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Roth</u>		23b. ADDRESS <u>VAH, 915 N. Grand, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>7-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 18 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PISGAH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CARBON HILL ALA.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 16 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Lutes</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith - MD</u>		ADDRESS <u>2906 Pearrie</u>	

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Leo J. Budde
Licensed Embalmer No. 39

P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.