

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38413  
STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2414

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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, give TOWNSHIP only) OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6970 Dartmouth Ave.</u>			Length of stay in lb <u>years</u>		d. STREET ADDRESS <u>6970 Dartmouth Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>WILLIAM</u>				First <u>MILTON</u>		Last <u>FITCH</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>29</u> , Year <u>1957</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 17, 1870</u>		9. AGE (In years last birthday) <u>87</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		IF UNDER 1 YEAR Months Days Hours Min.		
13. FATHER'S NAME <u>John Golden Fitch</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mr. Karl VanMeter</u>				Address <u>315 East 68th New York 21 N.Y.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1) Bronchopneumonia</u> DUE TO (b) <u>2) Atherosclerotic Heart Disease</u> DUE TO (c) <u>Benign Prostatic Hypertrophy</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE <u>Senility</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>20 years</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>							
20c. TIME OF INJURY Hour . . . . . a. m. . . . . p. m. . . . .			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>9/29/57</u>		COUNTY		STATE			
21. I attended the deceased from <u>Sept 1956</u> , to <u>9/29/57</u> and last saw <sup>her</sup> <u>him</u> alive on <u>9/27/57</u> Death occurred at <u>9/29/57 1:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>William D. Blalock, M.D.</u>					22b. ADDRESS <u>114 W. Taylor Ave. St. Louis, Mo</u>			22c. DATE SIGNED <u>9/31/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>Oct. 2, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri.</u>			
24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u>				ADDRESS <u>7233 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Rombe MD</u>		

FEB 26 1958

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.