

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38713

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2449

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 casually 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 St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Velda Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Velda Village 4160		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6500 Woodrow Ave. 20 Years				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 6500 Woodrow Ave.,	
3. NAME OF DECEASED (Type or print) First EARL Middle FRANK Last FITZWATER				4. DATE OF DEATH Oct. 4th, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 28th, 1883		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Accounting		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.		11. BIRTHPLACE (City and state or country) Crawford County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Stephen Fitzwater				14. MOTHER'S MAIDEN NAME Missouri Reeves			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Frances Beeman, 6500 Woodrow Avenue			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Hypertensive Cardio-Vascular DUE TO (c) Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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.)	
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 COUNTY STATE	
21. I attended the deceased from 6-20-47 to 10-4-57 and last saw her alive on 10-4-57 . Death occurred at Home on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Colonel J. Harris M.D. (Degree or title)				22b. ADDRESS 6926 Natural Bridge		22c. DATE SIGNED 10/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/7/57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.				25. DATE RECD. BY LOCAL REG. 10-4-57		26. REGISTRAR'S SIGNATURE Herbert S. Donche M.D.	
FUNERAL HOME, St. Louis, 15, Missouri.							

(Licensed Embalmer's Statement on Reverse Side)

ccc

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 *Ralph C. Finders*

Licensed Embalmer No. *427*

P. O. Address *31 Lane*

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.