V. S. No. 2
50M—5-42
ev. 5-17-39
I X12273

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11384

ED APR 15 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 552

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:
5610 Heege Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5610 Heege Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Fite

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race FW

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

6. (b) Name of husband or wife Zoe Fite

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

7. Birth date of deceased May (Month) 12 (Day) 1868 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 74 | 9 | 21 | hr. min. |

9. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James Fite
13. Birthplace St. Francois County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Moore
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ewell Fite
(b) Address 5610 Heege Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Doppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 8 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 25, 1943, to March 3rd 1943
that I last saw him alive on March 3rd 1943
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchial Pneumonia | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) severe cold - senility | |

Major findings:
Of operations —
Of 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? (e) Means of injury

23. Signature Leo E. Wilinski (M. D. or other)
Address 5407 A Gravois Ave Date signed 3/5/43

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(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 Wilford G Bursley

Licensed Embalmer No. 4202

P. O. Address.....

**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.**