

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5856 Lotus Ave.
(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)

3. (a) PRINT FULL NAME SARAH E. HITCHCOCK. 322
3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife George A. Hitchcock. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 6, 1850.
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace ? England.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name James Albon. _____
13. Birthplace ? England. _____
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Brown. _____
15. Birthplace ? England. _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Emil Hitchcock.
(b) Address 5856 Lotus Ave.

17. (a) Burial (b) Date thereof 12-28-1939.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem. Alton, Ill.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) _____ (b) _____
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5856 Lotus Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 85 years. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 th. 1939
year 1939 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 19, 1939 to Dec. 25, 1939, 1939
that I last saw her EA alive on Dec. 25, 1939, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease
Cardiac failure Duration 3 years

Due to _____
Due to _____

Other conditions Senile Dementia 1 year
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Lippel (M. D. or other) MD
Address 4218 N. Grand Date signed 12-26-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 2 1940 781
1000

DEC 27 1939

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.....

Henry Brammer....., Registered Apprentice No. *3*
working under my personal supervision.

Signed.....

Leonard W. Keegan
Licensed Embalmer No. *2678*

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

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, above space should be left blank.