

FILED MAY 1 1942
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
3203 Dodier Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years.
years, months or days)

3. (a) PRINT FULL NAME WALTER G. HITCHCOCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret J. Hitchcock

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 28. 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 2 If less than one day
hr. _____ min.

9. Birthplace Alton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Packer

11. Industry or business Dry Goods

12. Name George Hitchcock

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Albon

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

16. (a) Informant Mrs. Margaret J. Hitchcock

(b) Address 3203 Dodier Str.

17. (a) Burial (b) Date thereof 5/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) APR 30 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3203 Dodier Str.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4-20
_____, 1942, to 4-30, 1942
that I last saw him alive on 4-29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arterio Sclerosis

Due to _____

Other conditions Old Age
(Include pregnancy within 3 months of death)

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 Paul D. Chapman (M. D. or other) MD.
Address 3518 Dodier Date signed 4/30/42

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 Frank J. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.