

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10187

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 14006  
City..... (No. Christian Steep)

File No.....  
Registered No. 2206  
St. .... Ward)

**2. FULL NAME**

Walter B. Hitchcock  
(a) Residence, No. 5108 Emily St., 9 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Hitchcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-29-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman <sup>172</sup>

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carhauer-Bush

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

13. NAME Walter Hitchcock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Margaret Cohen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Ella Hitchcock (ADDRESS) 5108 Emily St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/8, 1932

19. UNDERTAKER Mc Stock and Co (ADDRESS) 2117 E. Grand

20. FILED MO - 7 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11:15 to 11:30, 1932

I last saw him alive on 3/3, 1932 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

Meningeal hemorrhage, fractured skull, received in fall down stairs at 380 Lee Ave. Ill.  
Other contributory causes of importance:

Accident

Name of operation None Date of 3/4/32  
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/3, 1932

Where did injury occur? St Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place  
Manner of injury Fall down stairs  
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

Signed J. W. Cerven, M.-D. (Address) Deputy Person

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

