

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

Do not use this space.

6443

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1000**
 City **St. Louis Mo** (No. **1912**, N. **142 St**)
 St. Ward)

File No.
 Registered No. **1332**
 St. Ward)

2. FULL NAME

Joseph M. Fitzpatrick
 (a) Residence No. St. **26** Ward.
 (Usual place of abode)

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)** Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15th 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
	48	2	19		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Huckster**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Martin Fitzpatrick**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **No Known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

14. INFORMANT **Ellen Lidiche**
 (Address) **1912 N 142 St**

15. FILED **588 - 6 10 20** **Wm L Standen**
 REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 4 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 28** 1928, to **Feb 4** 1928, to **Feb 4** 1928, and that I last saw him alive on **Feb 4** 1928, and that death occurred, on the date stated above, at **6 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st Myocarditis Chronic
93%

CONTRIBUTORY **Chronic Nephritis**
 (SECONDARY) (duration) **4** yrs. **4** mos. **4** ds.
129 W (duration) **2** yrs. **2** mos. **2** ds.

18. WHERE WAS DISEASE CONTRACTED **W**
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF.....
WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
 (Signed) **Wm P Donovan, M.D**
Feb 5, 1928 (Address) **1943 N. 11th St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** **DATE OF BURIAL** **Feb 7 1928**

20. UNDERTAKER **Math Herman & Son 4103 Flourissant**
 ADDRESS

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.

PERMANENT RECORD

