

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

Do not use this space.

6784

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No.....)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *1738*
St..... Ward.....

2. FULL NAME

Cecilia Fitzgerald
(a) Residence. No. *728 N. Franklin Ave. 12* Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. *7* mos. *12* da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-15-1928*

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

17. I HEREBY CERTIFY That I attended deceased from *2-15-1928* to *2-15-1928* (that I last saw *her* alive on *2-15-1928*, and that death occurred, on the date stated above, at *9:50* a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 3 / 1927*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>7</i>		<i>12</i>	

Primary Pneumonia
10/14 100 W (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED *Infant*

CONTRIBUTORY (SECONDARY) *right leg* (duration) yrs. mos. da.

(a) Trade, profession, or particular kind of work
(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.*

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

10. NAME OF FATHER *Peace Fitzgerald*

? DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *C. J. Proctor* M. D.

12. MAIDEN NAME OF MOTHER *Ellen Keiser*

2-15-1928 (Address) *3528 Franklin*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Buffalo* (STATE OR COUNTRY) *N.Y.*

*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.

14. INFORMANT *Peace Fitzgerald* (Address) *728 N. Franklin Ave.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Springfield Mo.* DATE OF BURIAL *2-16-1928*

15. FILED *15 1928* *Max Stankoff* REGISTRAR

20. UNDERTAKER *Cullinan Bros* ADDRESS *711 Grand St.*

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.

