

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. 1123  
Primary Registration District No. 6248 F

File No. 28428  
Registered No. 261  
St.            Ward           

2. FULL NAME

James Fitzgerald

(a) Residence No. 712 N. Seventh St.            Ward             
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) 4-11-1877

7. AGE

YEARS 51 MONTHS 3 DAYS 24  
IF LESS than 1 day,            hrs. or            min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER James Fitzgerald

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

12. MAIDEN NAME OF MOTHER Anna Duffy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Hospital Records  
(Address)           

15. Aug 6 1928 L. C. Obrock, M. D. REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 5 1928

17.

I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to August 5, 1928, that I last saw him alive on Aug. 5, 1928, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

29P  
25  
not known to me  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

not known to me  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH not known

DID AN OPERATION PRECEDE DEATH? no DATE OF           

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spectrum

(Signed) Jacobsen Schlueter M. D.  
8/5 1928 (Address) 3515 S. Grand Bl. 14th

\*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 DATE OF BURIAL

Calvary Day Aug 7 19 28  
20. UNDERTAKER ADDRESS  
Cullen Kelley 4524 Eastern

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.

