

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

Do not use this space.

22782

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **7003**  
City **St. Louis** (No. **17 South Euclid Ave**) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. **6191**  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

**Charlotte Fitzgerald**  
(a) Residence. No. **17 South Euclid Ave** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female**  
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) **Jan. 1, 1845**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**84 50 6**

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Merlin Ireland**

10. NAME OF FATHER **Francis Fitzgerald**

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

12. MAIDEN NAME OF MOTHER **Mary M. McDonald**

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

**14.**

INFORMANT **Mellie Fitzgerald**  
(Address) **17 South Euclid Ave**

**15.**

**JUN - 3 1929**  
FILED \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 7 1929**

17. I HEREBY CERTIFY, That I attended deceased from **June 4th 1929**, to **June 6th 1929**, that I last saw her... alive on **June 4th 1929**, and that death occurred, on the date stated above, at **9:50 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Broncho Pneumonia**  
**1571000**  
**162** (duration) yrs. mos. **5** da.  
CONTRIBUTORY (SECONDARY) **Smoking**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? **No** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Autopsial findings**

(Signed) **Arthur M. ...**

, 19 (Address) **Suite 203 ...**

\*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** **June 10 1929**  
20. UNDERTAKER ADDRESS  
**Wagoner 3621 Olive**

WRITE PAINLY, 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.

15-262

Little 1203 Mo Theatre Bldg.  
at 4:00 P.M.