

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **3003**

City **St. Louis Mo.** (No. **St. Marys Inf.**)

15644

File No.

Registered No. **4078**

St.

Ward)

2. FULL NAME **Gerald E. Fitzgerald**

(a) Residence. No. **313 Elm St.** St. **25** 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

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) **Feb. 5 - 1911**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs.

ormin.

20

1

27

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer). **Shipping 314**

(c) Name of employer **W. S. Co.**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Tennessee**

10. NAME OF FATHER **Fred Fitzgerald**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Tenn**

12. MAIDEN NAME OF MOTHER **Bessie Carter**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Tenn**

14.

INFORMANT **Bessie Halchman**

(Address) **313 Elm St.**

15.

FILED **5**, 19**31**

My C. Stanley

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 2 - 1931**

17. I HEREBY CERTIFY, That I attended deceased from **9/20/30**

....., 19....., to **4/2/31**, 19....., that I last saw him alive on **4/2/31**, 19....., and that death occurred, on the date stated above, at **9 a**..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerotic nephritis
131

130 (duration) yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

Uremia, Operation for Chronic Nephritis (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **3/25/31**

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Marion M. Marston** M. D.

, 19 (Address) **1536 Poplar St. St. Louis**

*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

Memphis Tenn **Apr 3 - 1931**

20. UNDERTAKER

ADDRESS

Wm. Lamberton and Co 4234 Manchester

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.

