

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

Do not use this space.

7911
1003

42310

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 5912, Enright)

File No. 42310
 Registered No. 11472
 St. Ward)

2. FULL NAME

Budget Fitzgerald
 (a) Residence, No. 5912 Enright St., 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, 31
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 11A
 10. Date deceased last worked at this occupation (month and year) 107A Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME Patrick Haley

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

MOTHER 15. MAIDEN NAME Margaret Kiley

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

17. INFORMANT (ADDRESS) Mary Fitzgerald
5912 Enright

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Dec 26 1932

19. UNDERTAKER (ADDRESS) Walter Kelly
1416 N. Taylor

20. FILED DEC 24 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Dec 21 1932
 I last saw her alive on Dec 21 1932 Death is said

to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
hemiplegia - Cardiovascular
Renal disease, with
Bronchial asthma
 Other contributory causes of importance: Influenza La Grippe

Name of operation no Date of no
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1932
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signature) Hubert J. Turner, M. D.
 (Address) 3718 Jennings Rd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

