

**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. **1003**
City **St. Louis** (No.) St. Ward)

File No. **2512**
Registered No. **92**

2. FULL NAME *Katherine A. Fitzgerald*

(a) Residence, No. **947 Bellair Blvd.**, St. **1** 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **M.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Febr. 27-1893**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Homemaker**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **✓**
10. Date deceased last worked at this occupation (month and year) **Nov 27-33** 11. Total time (years) spent in this occupation. **✓**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **James F. Fitzgerald**
(ADDRESS) **947 Bellair Blvd.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **Jan 4 1934**

19. UNDERTAKER **Dean J. Hoffmeister**
(ADDRESS) **4016 Chippewa St.**

20. FILED **11-3-34**
J. J. Brebeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 1, 1934**
22. I HEREBY CERTIFY, That I attended deceased from **December 29, 1933** to **January 1, 1934**
I last saw her alive on **January 1, 1934** Death is said to have occurred on the date stated above, at **6:15 P.M.**

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset **10/25**
Chronic Bronchitis duration: **2 days**
Other contributory causes of importance: **10/5 B**
Chronic Bronchitis duration: **2 months**

Name of operation **nose** Date of
What test confirmed diagnosis **physical** Was there an autopsy? **NO**
and clinical findings.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (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?
If so, specify
(Signed) **J. J. Brebeck** C., M. D.
(Address) **3608 S. Grand Blvd.**

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.

1934

15
31
31

