

MAY 25 1934

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

Do not use this space.

14301

## 1. PLACE OF DEATH

County.....  
Township *St. Louis Mo.*  
City *St. Louis Mo.* (No. *Sancti Spiritus*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No. *3472*  
Registered No. *3472*  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *4637 Margaretta St.* *10* Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40 yrs. +* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Laura Fitzgerald</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 4. 1877</i>				
7. AGE	YEARS <i>57</i>	MONTHS <i>1</i>	DAYS <i>1</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Barber</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Unknown</i>			
	10. Date deceased last worked at this occupation (month, and year) <i>June 1932</i>			
MOTHER FATHER	11. Total time (years) spent in this occupation <i>Unknown</i>			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Greenwood Nebraska</i>			
	13. NAME <i>Patrick Fitzgerald</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Philadelphia Pennsylvania</i>			
15. MAIDEN NAME <i>Mary Redford</i>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mount Vernon Ohio</i>				
17. INFORMANT (ADDRESS) <i>Dr. Mullins M.D. 5400 Arsenal</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cadany</i> DATE <i>4/7 34</i>				
19. UNDERTAKER (ADDRESS) <i>Troph Carole 7600 Hall Bridge</i>				
20. FILED <i>1934</i> Registrar <i>J. Brebeck</i>				

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 4 1934*22. I HEREBY CERTIFY, That I attended deceased from *12-4-1933*, 19....., to *4-4*, 19*34*I last saw him alive on *4-4*, 19*34* Death is saidto have occurred on the date stated above, at *10:30* p.m.

The principal cause of death and related causes of importance were as follows:

*82A*  
*8291*  
*Cerebral Hemorrhage*  
*(Apoplexy)*  
Date of onset *4-3-34*

Other contributory causes of importance:

Name of operation..... *Clinical* Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *yes*

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) *Dr. Mullins*, M. D.(Address) *5400 Arsenal*

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

