

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3617^e Aldine Ave)

14534
File No. 3716
Registered No. 3716
St. _____ Ward _____

2. FULL NAME

Mary Fitzgerald
(a) Residence, No. 3617^e Aldine St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Fitzgerald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21-1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs Kate Hunt</u> (ADDRESS) <u>3617^e Aldine</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delany Ave</u> DATE <u>April 14/34</u>		
19. UNDERTAKER <u>Phillips Bros</u> (ADDRESS) <u>1710 N Grand Blvd</u>		
20. FILED _____ 19 _____ <u>J. W. Deedick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) April-12 1934

22. I HEREBY CERTIFY that I attended deceased from April 12 to April 12 1934
I last saw him alive on April 11 1934 Death is said to have occurred on the date stated above, at 2:15 a. m.
The principal cause of death and related causes of importance were as follows:
genuine carcinoma of the stomach
(Carcinoma of stomach)
Date of onset 2

Other contributory causes of importance
46

Name of operation none Date of 5/3/34
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? _____ 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) Mary Kate Hunt, M. D.
(Address) Mrs Kate Hunt

Mr. C. P. Harris 11-3

University Club Bldg.