

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.

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

Do not use this space.

JUN 21 1935

**791
1003**

21209

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St Louis (No. 5435, Arsenal).....
 File No.....
 Registered No. **5143**
 St. Ward)

2. FULL NAME

Katherine Fitzgerald
 (a) Residence, No..... St.,
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 13 Ward.
 (If nonresident, give city or town and State)
 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1897

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------------|------|--|
| | <u>58</u> | <u>Unknown</u> | | |

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at Home

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) St Louis Mo

13. NAME Dennis M. Gillicuddy

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

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Montague Lyon
 (ADDRESS) 818 Olive St

18. BURIAL, CREMATION, OR REMOVAL PLACE Culwray Cemetery DATE 6-13 1935

19. UNDERTAKER Arthur J. Donnelly
 (ADDRESS) 3840 Lindell Blvd

20. FILED JUN 12 1935 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31 1935 to June 11 1935.
 I last saw her alive on June 11 1935. Death is said to have occurred on the date stated above, at 7:0 m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 M. S. S. S. S.

(Signed) J. Bredeck M. D.
 (Address) 4350 N. Main

Dr. M. B. ...
4300⁺ Manchester
Franklin 3030

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