

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

Do not use this space.

AUG 9 1935

**791
1003**

24554

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. 2577 Warren) St. Ward (.....)

2. FULL NAME

(a) Residence, No. 2577^e Warren St., 20 Ward. (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Fitzgerald</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19, 1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>20</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>Shoe worker</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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	13. NAME <u>David Fitzgerald</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Mary Shannon</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT (ADDRESS) <u>Jose Fitzgerald</u> <u>2577^e Warren St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glory Cemetery</u> on <u>July 12, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Goodhart & Goodhart</u> <u>2228 B. 2nd Ave</u>				
20. FILED <u>11 1935</u> <u>19</u> <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1935 to 7-9, 1935
I last saw him alive on 7-9, 1935 Death is said to 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:
Cerebral Hemorrhage
(Left sided hemiplegia)
Date of onset 7-4-35

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Myocardial Insufficiency
Years

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? No
If so, specify.....
(Signed) John Shannon, M. D.
(Address) Missouri Theatre Bldg.

WHITE PAPER, 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.

