

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.

JUN 5 1936

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

Do not use this space.

791
1003

20798

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital #1)

File No.....
Registered No. 4988
St. Ward)

2. FULL NAME William Fitzpatrick

(a) Residence, No. 7211 Michigan Ave. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1968
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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)..... Wittenberg
(STATE OR COUNTRY) Missouri

13. NAME John Fitzpatrick

14. BIRTHPLACE (CITY OR TOWN)..... New Orleans
(STATE OR COUNTRY) Louisiana

15. MAIDEN NAME Isabella Hood

16. BIRTHPLACE (CITY OR TOWN)..... Nashville
(STATE OR COUNTRY) Tennessee

17. INFORMANT Mollie Young Muller
(ADDRESS) Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE May 9, 1936

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED MAY 7 - 1936 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Coronary Arteriosclerosis Date of onset

Other contributory causes of importance: 8201

Name of operation..... 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) Mollie Young Muller M. D.
(Address) Los Angeles

(Coroner)