

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

35918
Do not use this space.

1. PLACE OF DEATH

(a) **NOV 15 1937** Registration District No. **791**
 (b) **St. Louis, Mo.** Primary Registration District No. **1008** Registered No. **9495**
 (c) **St. Louis, Mo.** (d) Street No. **4405 a** **Stroittman Pl.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence P. Fitzgerald,

(a) Residence, No. 4405 a Stroittman Pl. St. **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 3 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At School.
 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.

FATHER 13. NAME John H. Fitzgerald

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Catherine Wilson,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT John E. Fitzgerald
 (ADDRESS) 4405a Stroittman Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto, Mo. DATE 10/12/37 19

19. FUNERAL DIRECTOR W. A. Stock Uni. Co.
 (ADDRESS) 2117 N. Grand Blvi.

20. FILE **OCT 11 1937** W. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9. 1937 19

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 6:30 A. m.

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

Primary Bronchopneumonia

Other contributory causes of importance

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 Alfred Perry M.D.
 (Signed) _____ (Address) 1017 N. Grand

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.

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STATEMENT BY LICENSED EMBALMER

Sheldon Callier

Licensed Embalmer No. 3382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Sheldon Callier

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed

Sheldon Callier

Licensed Embalmer No. 3382

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)