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.

FEB 12 1938

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

1153
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1009
(c) City St. Louis (d) Street No. City Hospital #1 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 Margaret Fitzpatrick 321
(a) Residence, No. 2721 Clara Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 James Fitzpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1848

7. AGE: About 90 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Housewife
9. Industry or business in which work was done, as 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) Unknown Ireland 5 5 5

FATHER
13. NAME Charles Mullen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER
15. MAIDEN NAME Sarah Byrne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknwon Ireland

17. INFORMANT (ADDRESS) Bessie McLoughlin 1127 Kentucky Ave., St. Louis.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE January 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Jay B. Smith Funeral Home 7456 Manchester Ave, Maplewood, Mo.

20. FILED JAN 27 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1938

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 3:10 A.M. m.
The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Date of onset

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Other contributory causes of importance:

Duodenal Ulcer

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? No
If so, specify
(Signed) Joseph McQuinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Howard A. Rowland, Licensed Embalmer No. 3114

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Howard A. Rowland

Licensed Embalmer No. 3114

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