

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
17092
Do not use this space.

4953

1. PLACE OF DEATH

(a) County..... Registration District No. **701**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis. (d) Street No. 5677 Waterman Ave. 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 Helen K. Fitzgerald. **326**
 (a) Residence, No. 5677 Waterman Ave. St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938 19

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 188711-1-1937 to May 28, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 3

I last saw her alive on May 27, 1938 Death is saidto have occurred on the date stated above, at 8 a.m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer.
 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

Chronic Myocarditis 11-1-3712. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

Other contributory causes of importance:
Arterio Sclerosis 1-5-34

13. NAME David D. Fitzgerald. 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va. 0

15. MAIDEN NAME Mary E. Ryan.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Edward O'Brien.
5677 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 31, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.
3840 Lindell Blvd

20. FILED MAY 30 1938 J. D. Bredek Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis? Urinal Was there an autopsy? no.

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) J. M. McDonald, M. D.

(Address) 539 N. Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Tinnell B

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.)

If this body is not embalmed, above space should be left blank.

Handwritten notes:
53971
3-6
[Illegible scribbles]