

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12887
3317
Registrar's No.

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town. **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dent** **33**
(c) City or town **Salem**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Arthur Fitzgerald**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Aug. 9 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 6 hr. min.

9. Birthplace **Edgar Springs Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Timber Man**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl Fitzgerald**

(b) Address **Salem, Mo.**

17. (a) **Removal** (b) Date thereof **4/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Summerville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. **APR 16 1941** (Date of record) Registrar (b) **J. J. Brudack** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **15th** year **1941** hour **12** minute **00** AM/PM

21. I hereby certify that I attended the deceased from **April 15th 1941** to **April 15th 1941**
that I last saw him alive on **April 15th 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**
Tick bite Duration **100**
Due to **18 days**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **W. C. Matthews** M. D. or other **MD**
Address **4001 Chautauque Ave** Date signed **4/17/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

J. Wm. Binkley

Licensed Embalmer No. *3653*

P. O. Address *H. Laws mo*

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, fact should be so stated above.