

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27203

State File No. _____

Registrar's No. **6995**

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
3633 Cottage Ave.,
(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..... **Mo.**..... (b) County..... **000**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3633 Cottage Ave.,**
(If rural, give location)
 (e) Citizen of foreign country?..... **0**..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Nona Fitzpatrick**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.**..... day..... **28**
 year..... **1941**..... hour..... **11.45**..... minute..... **A.M.**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **James Fitzpatrick**

6. (c) Age of husband or wife if alive..... **75**..... years

7. Birth date of deceased..... **Dec. 24, 1867.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **May 2, 1941**..... to..... **Aug 28, 1941**.....
 that I last saw her alive on..... **Aug 28, 1941**.....
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	8	4	hr. min.

Immediate cause of death..... **Chronic Bronchitis**

Due to.....

Due to.....

9. Birthplace..... **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

Other conditions..... **Chronic Bronchitis**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name..... **George Shoup**

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

14. Maiden name..... **Don't know**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant..... **Mrs. J.J. Hetley**

(b) Address..... **6244 Wagner Pl.**

17. (a) **Burial**..... (b) Date thereof..... **Aug. 30/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cem.,**

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?.....

18. (a) Signature of funeral director..... **Jos. W. Clark**

(b) Address..... **1125 Hodiamont Ave.**

19. (a) **AUG 24 1941**..... (b) **J. W. Reddy**
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature..... **Geo. S. Kueper**..... (M. D. or other)
 Address..... **3442 Euclid**..... Date signed..... **8/28/41**

SEP 29 1944

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 *Aug. W. Wilkins*

Licensed Embalmer No. *3575*

P. O. Address..... *St. Louis, 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.