o. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29841

Registration District No. 791 I

Primary Registration District No. 1003

Registrar's No. 7180

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3949 Kennerly (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 11 17 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3949 Kennerly (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Fitzgerald

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased Feb (Month) 14 (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business

MOTHER FATHER

12. Name Patrick Fitzgerald

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

14. Maiden name Julia Hoffey

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

16. (a) Informant Mrs. A. W. Carson

(b) Address 3949 Kennerly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. A. Howard

(b) Address 4212 St. Louis Ave

19. SEP 4 1941 (Date received local registrar) (b) J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 12, 1940 to Sept 2, 1941 that I last saw her alive on Aug 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of Heart	1 hr
Due to Chronic Myocarditis	3-4 yrs
Due to Chronic Nephritis	5-6 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 4
Of autopsy 0

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? (Specify type of place)

While at work? NE (e) Means of injury

23. Signature L. R. Cettenhoff (M. D. or other)

Address 2739 N Grand Date signed 9/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. A. Howard

Licensed Embalmer No. 4139

P. O. Address 4919 ST LOUIS AVE

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

If this body is not embalmed, fact should be so stated above.