

FILED MAR 17 1947 791

Registration District No. 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:
5048 Ridge Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **6000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5048 Ridge Avenue** (If rural, give location) **7**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **MARGARET C. FITZPATRICK**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John J. Fitzpatrick** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 28, 1880** (Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **20** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Housewife**

MOTHER FATHER

12. Name **John Curran**
13. Birthplace **Cincinnati Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Catherine Barron**
15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **John J. Fitzpatrick**

(b) Address **5048 Ridge Avenue**

17. (a) **Burial** (b) Date thereof **2/21/42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jerseyville, Ill**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **FEB 20 1942** (b) **J. L. Bredbeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18** year **1942** hour **1** minute **00** PM

21. I hereby certify that I attended the deceased from **Sept** 19**41** to **Feb 18** 19**42**
that I last saw h. **alive on Feb 18** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage (apoplexy)**

Due to **General arterial sclerosis, thickening of spleen.**

Due to **carcinoma of left breast**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no** Of autopsy **yes**

Duration

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) (r) Means of injury **0**

23. Signature **Edward W. Kelley** (M. D. or other) **MD**
Address **634 N. Grand** Date signed **2-19-42**

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 William G. Buchholz
Licensed Embalmer No. 2610
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.