

S. No. 2
A-1-4-41
v. 5-17-39
X2639

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17
9

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

Registration District No. **791** Primary Registration District No. **1003**

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:
ST. JOHNS HOSPITAL O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 MONTHS
(Specify whether years, months or days)
 In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis
 (c) City or town ST. LOUIS MO 96 NR
(If outside city or town limits, write "RURAL")
 (d) Street No. 7626 Mad River Rd
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS J FITZGERALD
 3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 7
 year 42 hour 2 minute A M.
 21. I hereby certify that I attended the deceased from 10-9-41 19____ to 7-7-42 19____;
 that I last saw him alive on 7-6-42 19____;
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife MARY ANN FITZGERALD
 6. (c) Age of husband or wife if alive DECEASED years
 7. Birth date of deceased: DEC 22 1870
(Month) (Day) (Year)

Immediate cause of death: Carcinoma Oesophagus J
 Duration 9 mo.

8. AGE: Years 74 Months 6 Days 15 If less than one day 1 hr. 10 min.
 9. Birthplace: IRELAND 4
(City, town, or county) (State or foreign country)
 10. Usual occupation: STONEMASON

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

11. Industry or business _____
 12. Name: UNKNOWN
 13. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)
 14. Maiden name: UNKNOWN
 15. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant: J. F. Fitzgerald
 (b) Address: House Springs Mo
 17. (a) BURIAL (b) Date thereof: JULY 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: NEW ST PETER + PAUL CEM
Nation Bk of Crm
 18. (a) Signature of funeral director: _____
 (b) Address: 6536 Clayton Rd
JUL 8 1942
 19. (a) Date received local registrar: _____
 (b) Registrar's signature: J. F. Budock

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.
 23. Signature: E. H. Bowdler (M. D. or other) _____
 Address: 634 N Grand Date signed: 7-8-42

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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.