

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8850

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: 2209 Little Sisters of Poor, Herbert St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Robert J. Fitzgerald

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Fitzgerald 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct. 9, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 15 hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business

12. Name James Fitzgerald
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Gorman
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Fitzgerald
 (b) Address Webster Groves, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 S. Grand Bl.
 19. (a) OCT 25 1942 (b) J. J. Bruck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 2209
 (d) Street No. Little Sisters of Poor, Herbert St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
 year 1942 hour 6 minute 0 a.m.

21. I hereby certify that I attended the deceased from Oct. 3, 1942 to Oct. 24, 1942
 that I last saw him alive on Oct. 23, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchopneumonia
for Nephritis Duration 3 weeks

Due to

Due to

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: 1. 2. 3.
 Of operations

Of autopsy

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)
 Means of injury 0

23. Signature Anthony A. Gekowski (M. D. or other) MD
 Address 1525 a Cass Ave Date signed 10/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

*Dr. Prakash
1575th Ave*

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.....

Nancy A. Stewart

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette St.

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.