

FILED FEB 1 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 652

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(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 Missouri (b) County
(c) City or town Lesterville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

90
N.R.

3. (a) PRINT FULL NAME Jettie May Fitzpatrick

3. (b) If veteran, name war
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 Charley Fitzpatrick
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 14 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 5
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Edw Sizemore
13. Birthplace Tenn.
14. Maiden name Malisse Castile
15. Birthplace Tenn.

16. (a) Informant Dr. Charles Fitzpatrick
(b) Address Lesterville Mo

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lesterville Mo.

18. (a) Signature of funeral director Albert Hoppe Und.
(b) Address 4700 Washington Ave

19. (a) JAN 22 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 18 1943 to Jan 21 1943
that I last saw her alive on Jan 21 1943
and that death occurred on the day and hour stated above.

Immediate cause of death
Septic thrombosis

Due to Pneumonia Lobes 10 days

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

Major findings:
Of operations
Of autopsy
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)
(e) Means of injury

23. Signature a. m. Frank (M. D. or other)
Address 367 Grand St Date signed 1/22/43

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

a. m. Frank

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.....

G. W. Wilkinson

Licensed Embalmer No. *3575*

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.