

FILED OCT 2 - 1943
17

Registration District No. _____

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **RICHMOND HEIGHTS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. MARY'S 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)

3. (a) PRINT FULL NAME **WILLIAM FITZGERALD**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LOUISE FITZGERALD** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOVEMBER 27, 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FOREMAN**

11. Industry or business **SHOE FACTORY**

12. Name **WM. FITZGERALD**

13. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **DON'T KNOW**

15. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hilda Fitzgerald**

(b) Address **8641 BRINKER**

17. (a) **BURIAL** (b) Date thereof **SEPT 30 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD SS. PETER'S CATHEDRAL**

18. (a) Signature of funeral director **WEICK BROS.**

(b) Address **SEP 30 1943 S. GRAND BL.**

19. (a) _____ (b) **G. McLaughlin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **AFTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **8641 BRINKER**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **27**
year **1943** hour **8** minute **0 A. M.**

21. I hereby certify that I attended the deceased from **Aug 16**, 1943, to **Sept 27**, 1943,
that I last saw him alive on **Sept 27**, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis** Duration **5 years**

Due to _____
Due to **Hypertension** ?

Other conditions (Include pregnancy within 3 months of death) **3a!**

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 _____
Signature **J. A. Coulson** (M. D. or other) **M.D.**
Address **5990 Southport Ave** Date signed **9-28-43**

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

MOTHER FATHER

*Dr. Charles
Johnson*

5-930

JAN 24 1944

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

working under my personal supervision.

Registered Apprentice No.

Signed

Charles C. Stewart

Licensed Embalmer No.

3722

P. O. Address

412 DuBois

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.