

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18072

State File No. _____

Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 957

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
635 West Ave.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Valley Park,
(If outside city or town limits, write "RURAL") 91
(d) Street No. 635 West Ave. 15
(If rural, give location) 0
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 17,
year 1945 hour 1 minute 20 P.M.
21. I hereby certify that I attended the deceased from April
1 st 1944 to April 15 1944
that I last saw him im alive on April 15 1944
and that death occurred on the date and hour stated above.
Immediate cause of death. Myocarditis 1 yr Duration

3. (a) PRINT FULL NAME Hamilton Lee Fitzgerald,
(b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Nevada Jane Fitzgerald 6. (c) Age of husband or wife if alive 71 years
8. Birth date of deceased Oct. 25, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 22 If less than one day
hr. _____ min. _____

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

10. Usual occupation mine laborer (Retired)

11. Industry or business Iron ore mine.

MOTHER FATHER } 12. Name Marion Fitzgerald,
13. Birthplace Unknown?
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Boylan,
(b) Address 635 West, Valley Park, Mo.

17. (a) Burial (b) Date thereof Apr. 20, 45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery,

18. (a) Signature of funeral director Schrader Jumerdt None,
(b) Address Ballwin, Mo.

19. (a) APR 20 1945, E. G. N. Gausson, M.D.
(Date received local registrar) (Registrar's signature)

Due to Cardiovascularrenal disease
Due to infirmities of advanced age
Other conditions 131a
(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?

(Specify type of place) _____
(e) Means of injury _____
23. Signature J. M. O'Dougherty
Address Valley Park 7th St Date signed 4-17-45

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

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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

Thos. Schradler

Licensed Embalmer No.

3066

P. O. Address

Baltimore, 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.