

**FILED JUN 30 1945 318**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **city of St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
**34 years** (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Dorothea A. Fitzgerald**

3. (b) If veteran, name war **none**

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 **Patrick A. Fitzgerald**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **January 10 1891**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>54</b>	<b>4</b>	<b>28</b>	hr. _____ min. _____

9. Birthplace: **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **housewife**

11. Industry or business: **at home**

MOTHER FATHER

12. Name: **James Daly**

13. Birthplace: **Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Mayme Fogarty**

15. Birthplace: **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Patrick A. Fitzgerald**  
(b) Address: **4329 So. Grand Blvd.**

17. (a) **burial**  
(Burial, cremation, or removal) (b) Date thereof: **6-11-45**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Park Lawn**

18. (a) Signature of funeral director: **Southern Funeral Home**  
(b) Address: **6322 South Grand Blvd.**

19. (a) **JUN 9 1945** **J. P. ...**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County: **001**

(c) City or town: **city of St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **4329 South Grand Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**  
year **1945** hour **8:30** minute **35** p.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Metastatic carcinoma of liver**  
**Pathological fracture of left femur.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: **in Bed**  
(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: **May 21 1945**

(c) Where did injury occur? **at home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

23. Signature: **J. P. ...** (M. D. or other)  
Address: \_\_\_\_\_ Date signed: **6/9/45**

**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.....

*Virgil R. Berryman*

Licensed Embalmer No..... *4018*

P. O. Address..... *St. Louis, 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.