

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12369**
Registrar's No. **10518**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
4367 Cozans Ave
(d) Length of stay: In hospital or institution _____
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 0165
(c) City or town St. Louis
(d) Street No. 4367 Cozans Ave
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Robert Fitzpatrick
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3rd
year 1946 hour 9 minute 15 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.

4. Sex Male 5. Color or race Closed 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hattie Fitzpatrick 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Unknown

Immediate cause of death
Chronic Endocarditis
Due to Coronary of the Heart
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/2 H

8. AGE: Years abt 60 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace Unknown

10. Usual occupation Laborer
11. Industry or business _____
12. Name Freeman Fitzpatrick
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jerome Fitzpatrick
(b) Address 44603, Diverse Chicago Ill.
17. (a) Buried (b) Date thereof 12-10-46
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2615-17 J. F. Bredack
19. (a) DEC 9 1946 (b) _____
(1) Date received local registrar (2) Registrar's signature

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? _____
23. _____ (M. D. or other) _____
Address _____ Date signed 12/9/46

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.....

James A. Thorspice

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.