S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18816

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5370

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6351 Devonshire Avenue
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6351 Devonshire Avenue 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY ELLEN 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 James F. Fitzgerald

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased November (Month) 4, (Day) 1868 (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Peter Ryan 4
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Bane
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Keutzer
(b) Address 6351 Devonshire Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) MAY 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10th 1947 Jan 10th 1947 to May 29th 1947; that I last saw her alive on May 28th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Carcinoma of Right Breast of 5 years

Due to Standing

Other conditions Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

50

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)

While at work? (e) Means of injury 0

23. Signature Walter Amyer (M. D. or other)

Address 4661 Virginia Ave. Date signed 5/29/47

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.