

No. 300
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5-17-39
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85455
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14078**
Registrar's No. **4201**

FILED MAY 11 1948
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, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 years.** (Specify whether years, months or days)
In this community **42 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2618 N. 23rd. St.**
Memorial (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **DOROTHY FITZMAURICE**

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 **widowed**
6. (b) Name of husband or wife **late Oliver Fitzmaurice** 6. (c) Age of husband or wife if alive **31** years
7. Birth date of deceased **April 19th, 1892**
(Month) (Day) (Year)

8. AGE: Years **56** Months **0** Days **14** If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Lawrence Gerard**

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

14. Maiden name **unknown**

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

16. (a) Informant **Gerard P. Fitzmaurice**

(b) Address **2615 N. 22nd. St.**

17. (a) **Burial** (b) Date thereof **5-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 4 1948** (b) **J. Bredech**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
year **1948** hour **8** minute **30** A. M.
21. I hereby certify that I attended the deceased from **5/3/48**
to **May 3rd**, 19 **48**
that I last saw h **or** alive on **May 3rd**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphosarcoma, generalized**
Due to _____
Due to _____
Other conditions: **5**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **same**

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Caron Hendrix** (M. D. or other) **M.D.**
Address **1515 Lafayette** **5/2/48**

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 *John P. Buckholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis Ave*

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.