

#84743

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2667

318

1003

State File No. _____

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 620

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		d. STREET ADDRESS (If rural, give location) <u>3111 W. Newstead</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle)	c. (Last) <u>FITZMORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20th, 1949</u>
--	------------------------	-------------	-----------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 22 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
-----------------------	----------------------------------	--	--	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>paper hanger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Patrick Fitzmorris</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Quirk</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Fitzmorris</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Fitzmorris</u>	ADDRESS <u>7104 Lamont</u>
---	-------------------------------	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 mos</u> <u>8 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium due to arteriosclerotic coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerotic heart disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis = cerebral</u> <u>arterio sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) _____ (STATE) _____
---------------------------------	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 5/11/48, 19 , to 1/20/49, 19 , that I last saw the deceased alive on 1/20/49, 19 , and that death occurred at 4:00AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul W. Cabinnell M.D.</u>	(Degree or title)	23b. ADDRESS <u>1515 Lafayette Ave.</u>	23c. DATE SIGNED <u>1/20/49</u>
---	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL <u>burial</u>	24b. DATE <u>Jan. 22. 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>JAN 21 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Krow & Co.</u>	ADDRESS <u>2707 N. Grand</u>
---	--	--	---------------------------------

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.