

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21016

State File No.

FILED JUL 5 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 5331

| | | | |
|--|--|---|---|
| 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 town) <u>ST. LOUIS</u> OR TOWN <u>0</u> (township) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u> OR TOWN <u>3</u> <u>5</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>7269 MARYLAND AVE.</u> <u>1</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN P.</u> b. (Middle) <u>FITZGERALD</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19-1949</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>JULY 29-1888</u> |
| 9. AGE (In years last birthday) <u>60</u> | | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>OWNER</u> | 11. BIRTHPLACE (State or foreign country) <u>MO</u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>OWNER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>ROOFING BUSINESS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |
| 13a. FATHER'S NAME <u>JOHN P. FITZGERALD</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATIE NOOMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>HAN FITZGERALD</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Fitzgerald - Maryland Ave</u> ADDRESS <u>7269</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hepatitis</u> since <u>6/16/49</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | |
| 20. AUTOPSY? .YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>20</u> <u>1</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>582X</u> | |
| 22. I hereby certify that I attended the deceased from <u>6-16</u> , 19 <u>44</u> , to <u>6-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-19</u> , 19 <u>49</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John J. Hammond M.D.</u> | | 23b. ADDRESS <u>634 N. Grand</u> | 23c. DATE SIGNED <u>6/20/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 22 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVAY CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u> <u>MO</u> |
| DATE REC'D BY LOCAL REG. <u>JUN 20 1949</u> | REGISTRAR'S SIGNATURE <u>Joe B. Foster</u> | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Muller and Co. 5165 Delmar Pl.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

H. G. Farris

Signed.....

Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address.....

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.