

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31759

State File No. ....

318

1003

Registrar's No. 8494

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8494	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hospital				d. STREET ADDRESS (If rural, give location) 1405 Breman			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Jane		Jennie		Fitzgerald		4. DATE OF DEATH (Month) (Day) (Year) 10 1 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct-22-1887		9. AGE (In years last birthday) Months Days Hours Min. 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Seaton		13b. MOTHER'S MAIDEN NAME Elizabeth Bates		14. NAME OF HUSBAND OR WIFE John J. Fitzgerald			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Fitzgerald 4262 Michigan			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				12 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 61			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2160X			
22. I hereby certify that I attended the deceased from 5/12, 1949, to 10/1, 1949, that I last saw the deceased alive on 10/1, 1949, and that death occurred at 10:PM m., from the causes and on the date stated above.							
23a. SIGNATURE Arthur L. Krag M.D.				23b. ADDRESS 5600 Arundel St. St. Louis Mo.		23c. DATE SIGNED Oct 2, 1949	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 10-4-49		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem. St. Louis Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL OCT 3 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Fun. Home West			

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

Mildred

**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 David Van Toren

Licensed Embalmer No. 4242

P. O. Address 6322 80th Street

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.