

FILED FEB 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6192

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1004	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) TOWNSHIP		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Louis		2777 A	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 22 2106 Randolph			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle)		c. (Last) Fitzpatrick	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		4. DATE OF DEATH Jan. 28, 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Leather Worker		8. DATE OF BIRTH May 13, 1870		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS.: Hours Min.	
11. BIRTHPLACE (State or foreign country) Springfield, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Philip Fitzpatrick		13b. MOTHER'S MAIDEN NAME Rose Anna McGinnis		14. NAME OF HUSBAND OR WIFE Margaret Fitzpatrick			
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 Mary Fitzpatrick, 1527 E. Cook, Springfield, Ill.			
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) ANTECEDENT CAUSES Cerebral Hemorrhage Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 351X (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:30 P.M. 1-31-50		21e. INJURY OCCURRED WHILE AT 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor, Coroner (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-31-50		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 31 1950		REGISTRAR'S SIGNATURE J. G. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Now

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 ME

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... Ray Wilkinson

Licensed Embalmer No. 3575

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.