S. No. 300
v. 10-48

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

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10426

State File No. 3182

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO
c. LENGTH OF STAY (in this place): LIFE

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ENROUTE ~~[illegible]~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS. 2209
d. STREET ADDRESS (If rural, give location): 4007 N. 22ND STR. 0

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): MATHEW
c. (Last): FITZGERALD

4. DATE OF DEATH (Month) APR. (Day) 3RD (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE ( )
8. DATE OF BIRTH: MAR. 3RD 1883
9. AGE (In years last birthday): 67. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTO TRIMMER
10b. KIND OF BUSINESS OR INDUSTRY: AUTO BODY CO.
11. BIRTHPLACE (State or foreign country): ST. LOUIS.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS. FITZGERALD
13b. MOTHER'S MAIDEN NAME: CATH. UNKNOWN.
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY: 497-07-4462
17. INFORMANT'S SIGNATURE OR NAME: John S Downes ADDRESS: 4007 N 22d St

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Valvular heart disease, Chronic — Dont know

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4214
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 15, 1950, *to* April 3, 1950, *that I last saw the deceased alive on* Mar. 20 1950, *and that death occurred at* 2-P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. R. Menown MD
23b. ADDRESS: 5330 Geraldine Ave
23c. DATE SIGNED: 4-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL II
24b. DATE: APR. 5TH. 50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county): ST. LOUIS (State): MO

DATE REC'D BY LOCAL REG.: APR 4 1950
REGISTRAR'S SIGNATURE: J. B. Sasaton
25. FUNERAL DIRECTOR'S SIGNATURE: Brockland Und. Co ADDRESS: 1827 Hogan

(Licensed Embalmer's Statement on Reverse Side)

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 William L. Salter

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.