S. No. 300
v. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1950

State File No. 22328

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1400

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN
c. LENGTH OF STAY (in this place): MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SHAMROCK HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 7.14
d. STREET ADDRESS (If rural, give location): 4112 A BLAINE

3. NAME OF DECEASED (Type or Print)
a. (First): OWEN
b. (Middle):
c. (Last): FITZPATRICK

4. DATE OF DEATH (Month) (Day) (Year): 6-3-50

5. SEX: MALE
6. COLOR OR RACE: White
7. ~~MARRIED~~, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED
8. DATE OF BIRTH: 11-6-1875
9. AGE (In years last birthday): 75 Y — 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): STONE MASON
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John FITZPATRICK
13b. MOTHER'S MAIDEN NAME: MARGARET HUMM
14. NAME OF HUSBAND OR WIFE:

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.: 499-01-2135
17. INFORMANT'S SIGNATURE OR NAME: MRS. KATHERINE GUINAN — ADDRESS: 4112 A BLAINE

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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic cardio vascular disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1) Cardiac decompensation
2) Arteriosclerotic ulcers of legs
3) ~~Bilateral inguinal herniae~~

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 420.1
20. AUTOPSY? YES ☐ NO ☑

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):
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* May 19, 1950, *to* June 3, 1950, *that I last saw the deceased alive on* May 29, 1950, *and that death occurred at* 5 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littmann MD
23b. ADDRESS: 8321 Clayton Rd
23c. DATE SIGNED: 6-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-5-50
24c. NAME OF CEMETERY OR ~~CREMATORY~~: CALVARY
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: JUN 8 1950
REGISTRAR'S SIGNATURE: Herbert R. Klomke MD
25. FUNERAL DIRECTOR'S SIGNATURE: E J Schmer — ADDRESS: 3125 Lafayette

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____

Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3121 Lafayette

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.