

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38480
Registrar's No. 9673

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9673			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 378		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2139					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				STREET ADDRESS (If rural, give location) 13 5400 Arsenal St. 0					
3. NAME OF DECEASED (Type or Print) Doris		a. (First)		b. (Middle) Fitzgerald		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Nov. 2 1924		9. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME WILLIAM FITZGERALD			13b. MOTHER'S MAIDEN NAME REGINA ROTHER			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)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME WILLIAM FITZGERALD ADDRESS 3149 HALLIDA				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 week	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to Idiopathic Epilepsy							
		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 checked="" 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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 352.3					
22. I hereby certify that I attended the deceased from Dec. 21, 1942, to Nov. 14, 1950, that I last saw the deceased alive on Nov. 14, 1950, and that death occurred at 5:00a. m., from the causes and on the date stated above.									
23a. SIGNATURE Anna Hyman (Degree or title) MD				23b. ADDRESS 5400 Arsenal St.			23c. DATE SIGNED 11/14/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 17 1950		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.			
DATE REC'D BY LOCAL REG. NOV 14 1950		REGISTRAR'S SIGNATURE J B Jansen			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ratis 2906 Gravoie				

(Licensed Embalmer's Statement on Reverse Side)

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

Indiana State Board of Health

Department of Health

STATE OF INDIANA

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 Homer C Dill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.