

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3063 Registrar's No. 846

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Clayton, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>56 TOWN Shrewsbury</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>7312 Brumswick</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis County, Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Grover</i> c. (Last) <i>Fitzgerald</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 31, 1951</i>	
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5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 20, 1887</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 6 HRS. Days <i>0</i>	IF UNDER 1 MIN. Hours <i>0</i>	IF UNDER 1 MIN. Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
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13a. FATHER'S NAME <i>Michael Fitzgerald</i>		13b. MOTHER'S MAIDEN NAME <i>Rose Curtis</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>World War I</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Harry Cornthwaite</i>		ADDRESS <i>Swick, Shrewsbury</i>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Arterial Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH <i>16 hrs</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterial Sclerosis</i>				<i>6 yrs.</i>	
		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 <i>331X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?			
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22. I hereby certify that I attended the deceased from *3-15, 1951*, to *3-31, 1951*, that I last saw the deceased alive on *3-31, 1951*, and that death occurred at *6 P. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>A. T. Quinn, M.D.</i>		(Degree or title)		23b. ADDRESS <i>6917 Fulper</i>		23c. DATE SIGNED <i>4-2-51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-4-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>4/2/51</i>		REGISTRAR'S SIGNATURE <i>Robert P. Lomke MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Southern Funeral Home</i>		ADDRESS <i>6322 S. Grand Biv.d</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4002

JUL 6 1951

Doc. A. T. Quinlan  
C. T. Tyler  
Hi 3536

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 David Van Trosman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4942

P. O. Address 32nd Blvd

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.