S. No. 300
EV. 10.48

FILED JAN 10 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43553

BIRTH NO. 89599-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3959

4055

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 21.154
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4404 Grace Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charlotte
b. (Middle): Margaret
c. (Last): Fitzpatrick

**4. DATE OF DEATH** (Month) (Day) (Year): December 8, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): ()
**8. DATE OF BIRTH**: December 8, 1951
**9. AGE** (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.: 3
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Richmond Heights, Mo.
**12. CITIZEN OF WHAT COUNTRY?**:
**13a. FATHER'S NAME**: Owen E. Fitzpatrick
**13b. MOTHER'S MAIDEN NAME**: Lillie Heagy
**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**: Owen E. Fitzpatrick
**ADDRESS**: 4404 Grace Ave.

**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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Anencephalic monstrosity of infant
DUE TO (c) Congenital malformation

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 ☐ NO ☐ 750X

**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* 12/8, 1951, *to* 12/8, 1951, *that I last saw the deceased alive on* 12/8, 1951, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Matt L. Backer M.D.
**23b. ADDRESS**: 9832 Ravensbrook Dr., Affton Mo
**23c. DATE SIGNED**: 12/10/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/10/51
**24c. NAME OF CEMETERY OR CREMATORY**: Sun Set Burial Park
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: 12-11-51
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: John H. Gebken Sons
**ADDRESS**: 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side) None

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.