

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33202

FILED OCT 15 1953

318

1003

State File No. ....

Registrar's No. 8778

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8778			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. John's Hospital				e. STREET ADDRESS (If rural, give location) 5 5907 a Bartmer Ave. 2059 0					
3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) Lawler c. (Last) Fitzpatrick			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1953						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 7, 1871			
9. AGE (in years last birthday) 82		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 1		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bricklayer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Dennis Fitzpatrick			13b. MOTHER'S MAIDEN NAME Margaret Lawler			14. NAME OF HUSBAND OR WIFE Hattie Fitzpatrick			
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. 499-01-7813		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie Fitzpatrick 5907 a Bartmer.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) <u>arteriolonephrosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NOBULAR HYPERPLASIA OF PROSTATE</u>						INTERVAL BETWEEN ONSET AND 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) 4200					
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30A m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Mollie A. Allen</u> (Degree or title) M.D.				23b. ADDRESS 6349 Grand St. Louis Mo			23c. DATE SIGNED Sept 10-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-53		24c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. SEP 10 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		GENERAL DIRECTOR'S SIGNATURE <u>F. Stewart</u>		ADDRESS 1225 Union			

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.....  
Signature of Student Embalmer

Signed *Melvin F. Kemper*.....

Licensed Embalmer No. *4057*.....

P. O. Address *3505 Oak*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*St. Louis 20, Mo*