

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 45293
Registrar's No. 12252

FILED JAN 19 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 45293		Registrar's No. 12252	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi b. COUNTY Lauderdale					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 14 days		c. CITY OR TOWN Meridian		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				e. STREET ADDRESS (If rural, give location) 2821 8th Street., 8230					
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Louis c. (Last) Fitzgerald			4. DATE OF DEATH (Month) (Day) (Year) 12-26-53						
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 17 1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 MRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer			10b. KIND OF BUSINESS OR INDUSTRY G M & O R.R.		11. BIRTHPLACE (City and State or Foreign Country) Fruitland, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles H. Fitzgerald			13b. MOTHER'S MAIDEN NAME Mary McCleary			14. NAME OF HUSBAND OR WIFE Louise Fitzgerald			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Fitzgerald Meridian Miss.					
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) Mediastinitis 5 1/2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach 3 yrs DUE TO (c) Metastases to esophagus Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 22 Dec 53		19b. MAJOR FINDINGS OF OPERATION No above under causes of death						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		151X			
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?					
22. I hereby certify that I attended the deceased from 14 Dec 53, to 26 Dec 53, and that death occurred at 12:18 AM on 26 Dec 53, and that death occurred at 12:18 AM from the causes and on the date stated above.									
23a. SIGNATURE L. F. Winkler M.D. (Degree or title)				23b. ADDRESS Mo. Pac. Hosp.		23c. DATE SIGNED 26 Dec 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-26-53	24c. NAME OF CEMETERY OR CREMATORY Magnolia		24d. LOCATION (City, town, or county) (State) Mobile, Alabama				
DATE REC'D BY LOCAL REG. DEC 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd					

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

JAN 21 1958

JAN 19 1958

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 *John J. Haines*

Licensed Embalmer No. 4188

P. O. Address *St. Louis, Mo.*

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.