

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</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) OR TOWN <i>Bellefontaine Neighbors</i>	c. LENGTH OF STAY (in this place) <i>2 yrs 10 mo. 2 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bellefontaine Neighbors</i>	<i>2</i> <i>4000</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis State Training School</i>		e. STREET ADDRESS (If rural, give location) <i>10695 Bellefontaine Road</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>FILZGERALD</i> b. (Middle) <i>JOHN</i> c. (Last) <i>J. jr.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1 25 1955</i>			
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>Oct. 15 - 1931</i>		9. AGE (In years last birthday) <i>23</i> # UNDER 1 YEAR <i>4</i> MONTHS <i>10</i> DAYS <i>1</i> HOURS <i>20</i> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>John J. Fitzgerald</i>	13b. MOTHER'S MAIDEN NAME <i>Laura O'DELL</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Records of St. Louis State Training School</i>	ADDRESS <i>10695 Bellefontaine Rd</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Obesity</i> DUE TO (c) <i>Glandular Disturbances</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Mental Deficiency</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <i>272X</i> YES <input 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)	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 *3-4-1952*, to *1-25-1955*, that I last saw the deceased alive on *1-24-1955*, and that death occurred at *1:20 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Edward P. Krupp</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>10695 Bellefontaine Road</i>	23c. DATE SIGNED <i>1/25/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Jan. 29, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>1-26-55</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>KRIEGSHAUSER</i> ADDRESS <i>4228 S. KINGSHIGHWAY BL.</i>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Edwin A. McNeill

Licensed Embalmer No. *3024*

P. O. Address.....

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.