

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

State File No.

23721

Registrar's No.

5674

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> - 9			
3. NAME OF DECEASED (Type or Print) Edward		a. (First)		b. (Middle) J		c. (Last) Fitzgerald	
4. DATE OF DEATH June 28, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 5, 1886		9. AGE (in years last birthday) 69	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Patrick Fitzgerald		13b. MOTHER'S MAIDEN NAME Ellen Meehan	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Bernard Fitzgerald	
18. CAUSE OF DEATH PER line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocci pneumoniae Escherichiae</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>metastases to brain</u> DUE TO (b) <u>Pharynx</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>2 mos</u>		19a. DATE OF OPERATION <u>3/2</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cocci pneumoniae Escherichiae & fungus 3/2/55</u>	
20. AUTOPSY? 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)	
22. I hereby certify that I attended the deceased from <u>3/2/55</u> , 19 <u>55</u> , to <u>6/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/26</u> , 19 <u>55</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.		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? <u>150X</u>	
23a. SIGNATURE <u>John L. Lucidom</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>6/30/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		DATE REC'D BY LOCAL REG. <u>JUL 1 1955</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's Funeral Directors</u>		ADDRESS <u>2849 N. Euclid</u>			

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

H. L. L. L.

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 *Albert Mayfield*

Licensed Embalmer No. *309*

P. O. Address *St. Louis*

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.