

FILED JAN 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42048
11366

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11366**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Lemay 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1120 Scott Road			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Francis c. (Last) Fitzpatrick	4. DATE OF DEATH (Month) (Day) (Year) December 26, 1955
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 11, 1923
9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY St. Louis County
11. BIRTHPLACE (City and State or Foreign Country) Provincetown, Mass.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Fitzpatrick	13b. MOTHER'S MAIDEN NAME Emma Ramous	14. NAME OF HUSBAND OR WIFE Shirley Mae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW*2	16. SOCIAL SECURITY NO. 026-14-0568	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shirley Mae Fitzpatrick 1120 Scott Rd. Lemay,

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute hemorrhagic Pancreatitis -		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fatty Infiltration of Liver		
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) 587.0
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 **Jan 58**, 19**58**, to **12/26**, 19**55**, that I last saw the deceased alive on **12/26**, 19**55** and that death occurred at **1A.** m., from the causes and on the date stated above.

23a. SIGNATURE John G. Keellett (Degree or title)	23b. ADDRESS 2627 Telegraph	23c. DATE SIGNED 12/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Holbrook, Massachusetts	24d. LOCATION (City, town, or county) (State) Holbrook, Mass.
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DATE REC'D BY LOCAL REG. DEC 27 1955	REGISTRAR'S SIGNATURE J. Carl Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schenck*.....

Licensed Embalmer No. *267*.....

P. O. Address *7814 S. Broad*.....

**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.**