

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21801

State File No.

318

1003

5751

| | | | | | | | | | | | | | |
|---|--|-----------------------|--|--|--|---|--|---|------------------|--|--|---|--|
| 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) a. STATE | | | | b. COUNTY | | | | | |
| b. CITY OR TOWN | | | | c. CITY OR TOWN | | | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| c. LENGTH OF STAY (in this place) | | | | e. STREET ADDRESS (If rural, give location) | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| Estelle | | | | F. | | Fitzgerald | | June | | 15 1956 | | | |
| 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months Days | | | |
| Female | | White | | Never Married | | July 1, 1876 | | 79 | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| Clerk | | | | Stix-Baer-Fuller | | | | St. Louis, Mo. | | USA | | | |
| 13a. FATHER'S NAME | | | | 13b. MOTHER'S MAIDEN NAME | | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| Dennis M. Fitzgerald | | | | Mary Mc. Quillen | | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | | | | | | ADDRESS | |
| No | | | | 488-03-3746 | | Dennis Fitzgerald, 2112 Bellevue | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | | | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Carcinomatosis | | | | | | | | | | 2 yrs! | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | | | | | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | | malnutrition | | 2 yrs! | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | 199.9 | | | | | | | | | |
| 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) (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 June 1, 1956, to June 15, 1956, that I last saw the deceased alive on June 14, 1956, and that death occurred at 7:00 a.m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | | | 23b. ADDRESS | | | 23c. DATE SIGNED | | | | |
| Norman W. Deay MD | | | | | | 634 N. Grand | | | 6/16/56 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | | | | | | |
| Burial | | 6-18-1956 | | Calvary Cemetery | | St. Louis, Mo. | | | | | | | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | | | | | | | |
| JUN 18 1956 | | [Signature] | | Cullinane Bros. | | 3320 N. Kingshighway | | | | | | | |

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

No cert determined

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.....
Fred Frick

Licensed Embalmer No.....3186..

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.