

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6179

State File No.

FILED FEB 25 1957

318

1003

Registrar's No. 900

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 <u>Illinois</u> b. COUNTY _____					
b. CITY OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (In this place township) <u>10 Days</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>14 Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>32 319 W. Warmoth 81208</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>FITZGERALD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1957</u>			
5. SEX <u>0</u> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 13, 1905</u>			
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Clay County, Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>									
13a. FATHER'S NAME <u>Pearl Fitzgerald</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Ooton</u>			14. NAME OF HUSBAND OR WIFE <u>Maude Fitzgerald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>342-03-7694</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Fitzgerald Salem, Illinois</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Rheumatic heart disease</u> <u>With cardiac failure</u> ANTECEDENT CAUSES: <u>Mitral stenosis & insufficiency</u> <u>Embolism to rt. leg</u> DUE TO (b) <u>with aneurysm</u> DUE TO (c) <u>with amputation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with amputation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>7 years</u> <u>3 years</u>	
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) <u>410x</u>					
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 <u>4-5 years ago</u> on <u>Jan 26, 1957</u> that I last saw the deceased alive on <u>1/26, 1957</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above <u>2-26-57</u>									
23a. SIGNATURE <u>Edw. Massie</u> (Degree or title) <u>Dr. D. D.</u>				23b. ADDRESS <u>457 N. Kingshighway</u>		23c. DATE SIGNED <u>1/26/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/28/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Salem, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>JAN 28 57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] East St. Louis, Ill.</u>					

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

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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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1175

P. O. Address East 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.**