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SL-13984 FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29440
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1093 Registrar's No. 7931

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI — Inside Limits Yes X No	c. CITY OR TOWN DITTMAR — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 915 N. GRAND AVE. — Length of stay in Ib 67 days	d. STREET ADDRESS (If outside, give location) RT#1, BOX 41 — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First MICHAEL	Middle J.	Last FITZGIBBONS	4. DATE OF DEATH Month Day Year 8/23/57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 2/18/96	9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAILMAN (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MICHAEL FITZGIBBONS		14. MOTHER'S MAIDEN NAME SARAH CASEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address VAH, 915 N. GRAND AVE., ST. LOUIS, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM - GENERALIZED METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
154 X

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I/VA attended the deceased from 6/17/57 to 8/23/57 and last saw ~~XXX~~ him alive on 8/23/57
Death occurred at 11:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. — 22b. ADDRESS VAH, ST. LOUIS 6, MISSOURI — 22c. DATE SIGNED 8/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 8-26-57 — 23c. NAME OF CEMETERY OR CREMATORY National Cem. — 23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary — ADDRESS 6464 Chippewa — 25. DATE RECD. BY LOCAL REG. AUG 24 57 — 26. REGISTRAR'S SIGNATURE J. Carl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lee C. Branso

Licensed Embalmer No. 4 7

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.