pt. Health,
., & Welfare
.S. Public
lth Service

S. 300
ev. 1-57

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

43049
STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2875

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis<br>b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Olivette, Missouri. Inside Limits Yes [X] No [ ]<br>c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 512 Ziercher Road Length of stay in 1b 7 years | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis<br>c. CITY OR TOWN Olivette 4380, Inside Limits Yes [X] No [ ]<br>d. STREET ADDRESS (If outside, give location) 512 Ziercher Road Reside on Farm Yes [ ] No [X] |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: Lorraine Middle: Last: Fitzgerald | | | | 4. DATE OF DEATH Month Day Year: November 16, 1957 | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: Feb 23, 1900 | 9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: At Home | | 11. BIRTHPLACE (City and state or country): St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME: William Baker | 13b. MOTHER'S MAIDEN NAME: Harriett Cockelrease | | 14. NAME OF HUSBAND OR WIFE: John Fitzgerald | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil | 16. SOCIAL SECURITY NO.: None | | 17. INFORMANT: John E. Fitzgerald, 512 Ziercher Road. Address | | |

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) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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

DUE TO (b) Hypertensive Cardiovascular Disease

DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 attended the deceased from 1/23/57, to 11/16/57 and last saw her/him alive on 10/26/57. Death occurred at Home 11/16/57 early a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Hutchinson (Degree or title) M.D. — James H. Hutchinson

22b. ADDRESS 114 North Taylor Avenue.

22c. DATE SIGNED 11-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 11-19-57

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington Blvd.m

25. DATE RECD. BY LOCAL REG. 11-18-57

26. REGISTRAR'S SIGNATURE Herbert A. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 G. W. Wilkinson
Licensed Embalmer No. 3575
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.