

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47529  
STATE LICENSE NUMBER  
12397

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo PAC. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>4446 Cottage Ave.</u>	
3. NAME OF DECEASED (Type or print) <u>WILLIE FITZGERALD</u>		4. DATE OF DEATH Month <u>12</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and state or country) <u>Adams Co., Miss.</u>
13a. FATHER'S NAME <u>Rufus Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Yancy</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Fitzgerald</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>722-07-4743</u>	17. INFORMANT Address <u>Lizzie Davis 4446 Cottage Ave</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Seminoma) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Seminoma - Metastases</u> DUE TO (b) <u>Tending; Lungs &amp; Nodes.</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. of item 18.) <u>178x</u>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
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 <u>12.9.1957</u> to <u>12.22.1957</u> and last saw her alive on <u>12.21.1957</u> Died <u>4 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles Kromer, M.D.</u> (Degree or title)		22b. ADDRESS <u>1755 S. Grand.</u>	
22c. DATE SIGNED <u>12/23/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>DEC 27, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		23d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. H. Randle &amp; Son</u> ADDRESS <u>3133 Bell</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 24 '57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u>			

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.

MEDICAL CERTIFICATION

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 *Arthur K. Harris* .....

Licensed Embalmer No. *4450* .....  
P. O. Address *4181 Wash* .....

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.