

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013533

FILED VS MAR 30 1960

317

Primary Registration District No. 541

Registrar's No. 809

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri.		Length of stay in 1b DOA		c. CITY OR TOWN Chesterfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Michael Last Fitzpatrick				4. DATE OF DEATH Month March Day 6 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/4/1910	9. AGE (last birthday) 49	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) Welder			10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dennis Fitzgerald			13b. MOTHER'S MAIDEN NAME Addie Briggs			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) Yes WW II			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address James Fitzpatrick, Washington, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcoholism and exposure							INTERVAL BETWEEN ONSET AND DEATH	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Found frozen in snow near his home						
20c. TIME OF INJURY 6:07 AM 3/6/60 subject found								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10 foot from home		20f. CITY, TOWN, OR LOCATION Chesterfield		COUNTY St. Louis		STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Raymond H. K... Coroner				22b. ADDRESS Clayton, Mo.			22c. DATE SIGNED 3/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/9/60	23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery		23d. LOCATION (City, town, or county) (State) Vienna, Missouri.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington				25. DATE RECD. BY LOCAL REG. 3-8-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student-Embalmer

Signed

Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, M

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.