

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009114
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 365

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 25 1962

VS 300
Rev. 4/59

4031
28420

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94200
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy, Missouri		c. CITY OR TOWN Austin	
Length of stay in 1b 10 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENT'S HOSPITAL		d. STREET ADDRESS (If outside, give location) Seton Hospital	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SISTER MADELEINE Middle FITZPATRICK Last		4. DATE OF DEATH Month Jan. Day 29 Year 1962	
5. SEX Female	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 May 16, 1877
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 7 Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Religious - Knight of Charity of St. Vincent de Paul</i>		11. BIRTHPLACE (City and state or country) Nevada U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Frank Fitzpatrick		13b. MOTHER'S MAIDEN NAME Mary Carroll	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Records of St. Vincent's Hospital Address <i>7301 St. Charles Road</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			Years
DUE TO (b) Generalized Arteriosclerosis			"
DUE TO (c) Generalized Osteoarthritis			"
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 March 18, 1961 to Jan. 29, 1962 and last saw her ^{him} alive on Jan. 29, 1962 Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph A. Costino, M.D.</i>		22b. ADDRESS <i>2425 N. B. Hwy, St. Louis 6</i>	22c. DATE SIGNED <i>1-29-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1/30/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Marilee Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Normandy MO</i>
24. FUNERAL DIRECTOR <i>Callen Kelly</i>	ADDRESS <i>2267 National Bridge</i>	25. DATE RECD. BY LOCAL REG. <i>1-29-62</i>	26. REGISTRAR'S SIGNATURE <i>John E. Murphy, Md.</i>

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 James A. Lammers

Licensed Embalmer No. 4142

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.