

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16666

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No. ....  
Registered No. **4565**  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. **Cleveland chld** St. **13** Ward. **Cleveland O.**  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*male* | *white* | *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 8 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69** **3** **5**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Wip Carpenter**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

PARENTS

10. NAME OF FATHER **James Fitzgerald**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Johanna Nolan**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT (Address) **St. Louis Hospital**  
**St. Louis**

15. FILED **MAY 16 1927** **Marie Starceoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 13 1927**

17. I HEREBY CERTIFY, That I attended deceased from **May 13 1927** to **May 13 1927** that I last saw **live** on **May 13 1927** and the death occurred, on the date stated above, at **8:40 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocarditis** **936**  
**Cerebral Apoplexy**

CONTRIBUTORY (SECONDARY) **90 B**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Shosketmber, M. D.**  
**5/14, 1927** (Address) **City Hospital**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **OKVILLE**  
**Okville, Ontario Canada** DATE OF BURIAL **May 16 1927**

20. UNDERTAKER **Peetz Bros 3029 Lafayette an** ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Summary of