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

Do not use this space.

35194

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35194

Township ..... Primary Registration District No. 1003 Registered No. 9929

City St. Louis (No. 5751 Wabada Ave. St. ..... Ward)

2. FULL NAME Julia Fitzgerald.

(a) Residence. No. 5751 Wabada Ave. St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1882?????????

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.
About 47 Years old

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Florenz McAuliffe

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

12. MAIDEN NAME OF MOTHER Ellen Murphy

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

14. INFORMANT Richard Fitzgerald
(Address) 5751 Wabada Ave

15. FILED OCT -9 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929 to Oct 8, 1929 that I last saw her alive on Aug 5, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 7401

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D.
10/8/, 1929 (Address) 2803 N Kings Hwy

*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 Calvary Cemetery

DATE OF BURIAL Oct 10, 1929

20. UNDERTAKER Chas. L. Geraghty

ADDRESS 4259 Lindell Ave

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.

PERMANENT RECORD