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.

WRITE PLAINLY, WITH UNFADING INK. PRINTING IS NOT ALLOWED ON THIS RECORD

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

791
1003

Do not use this space.

32581

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis Mo (No. ..... Sanitarium St. ..... Ward)

File No.....

Registered No. 9393

2. FULL NAME Robert J. Fitzgerald

(a) Residence, No. 3919 Flad Ave., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4-1861

7. AGE: Years 70 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac R'way

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arthur A. Tolines 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Sept 9 1931

19. UNDERTAKER (ADDRESS) Thomas F. Grace 1519 S. Grand

20. FILED SEP 9 1931 Wm. C. Nordloh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to 9-5, 1931.
I last saw him alive on 9-5, 1931. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several years.
93.	
91	
94	
6	

Other contributory causes of importance:
Arterio sclerotic dementia.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Arthur A. Tolines, M. D.
(Address) 5400 Arsenal St.

Financ