WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3913

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. [illegible]

City St. Louis, Mo. (No. 1934 Sidney Street St. ..... Ward)

File No. .....

Registered No. 876

2. FULL NAME William A. Fitzgerald Sr.

(a) Residence, No. 1934 Sidney Street St., 23 Ward.
(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6th, 1856

7. AGE: YEARS 76 | MONTHS 5 | DAYS 17 | 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. Brown Shoe Co?

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME (Unknown) Fitzgerald

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

MOTHER

15. MAIDEN NAME Bridget (Unknown)

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

17. INFORMANT (ADDRESS) William A. Fitzgerald Jr. 1934 Sidney Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE Jan. 26th, 19 33

19. UNDERTAKER (ADDRESS) Wick Brothers 2201 S. Grand Boulevard

20. FILED JAN 24 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23rd 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to JAN 23rd, 1933

I last saw him alive on JAN 23rd, 1933. Death is said to have occurred on the date stated above, at 7:40 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall-Bladder	Oct 1932
466	

Other contributory causes of importance:

Jaundice & Toxaemia	Nov 1932

Name of operation Refused Date of x

What test confirmed diagnosis? mass. Was there an autopsy? no

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? no

If so, specify x

(Signed) Walter E. Frank M.D.

(Address) 1405 S. Broadway St. Louis Mo

1405a [illegible]
11:30 a.m. - 1 P.M.