

APR 9 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City..... (No. **St. Louis**) (No. **1000**) (No. **1000**) (No. **1000**)  
St. **St. Louis** (Ward)

File No. **10891**  
Registered No. **2517**

## 2. FULL NAME

(a) Residence, No. **5050 Maple** St. **12** 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 **W.C.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1st 1886**  
7. AGE YEARS **48** MONTHS **10** DAYS **14** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bookkeeper**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Shaw business**  
10. Date deceased last worked at this occupation (month and year) **Oct 1934** 11. Total time (years) spent in this occupation **2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**13. NAME **Patrick Fitzgerald**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**15. MAIDEN NAME **May Cunningham**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**17. INFORMANT (ADDRESS) **Rose Fitzgerald 5050 Maple**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary May 8 1935**19. UNDERTAKER (ADDRESS) **Chas. J. Stuart 1225 Union Blvd.**20. FILED **MAR 16 1935**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 13 1935**22. I HEREBY CERTIFY, That I attended deceased from **2-28**, 19**35**, to **3-15**, 19**35**I last saw him alive on **3-14**, 19**35**. Death is saidto have occurred on the date stated above, at **8:40** a.m.

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

**Carcinoma of Rectum** Date of onset **1934**  
**Myocarditis Chronic** **1 yr**

Other contributory causes of importance: **46**Name of operation **Kraske** Date of **3-1-35**What test confirmed diagnosis? **micro. op.** 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 .....(Signed) **Joseph J. Stuart**, M. D.(Address) **3720 Washington St. St. Louis, Mo.**

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.

