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

JAN 17 1936

Do not use this space.

791

3091

1003

File No.

Registered No. 293

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. St Johns Hospital St. Ward)

2. FULL NAME William J. Fitzmaurice

(a) Residence, No. 4536 Pope Ave St., 9 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	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 Jennie Fitzmaurice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28th 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	11	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Trades & Labor Union

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 Frank Fitzmaurice

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

MOTHER

15. MAIDEN NAME Mary Cullinane

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

17. INFORMANT Jennie Fitzmaurice
(ADDRESS) 4536 Pope Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 1/11 1936

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd

20. FILED —S 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1935 to January 8th 1936

I last saw him alive on Jan 8th 1936 Death is said to have occurred on the date stated above, at 12 noon m.

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

	Date of onset
Carcinoma of Pancreas with metastasis with liver involvement, Omentum, posterior peritoneal, Glands, Left cervical, axillary, R. Glands, R. Cubital, Generalized all over body.	10-9-35?
Other contributory causes of importance	
Acute Cardiac Dilatation	1-7-36
Broncho-pneumonia	1-7-36
Gall bladder Disease	10-9-35?

Name of operation Cholecystectomy. Date of 10-31-35

What test confirmed diagnosis? Operation, Biopsy, etc 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) [illegible], M. D.

(Address) 3511 Lucas Ave.

[illegible]
3511 [illegible] Ave.
10-12