

REC'D MAY 6 1938

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

15929

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Normandy Primary Registration District No. 200 Registered No. 634
 (c) City..... (d) Street No. St. Vincent's Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 23 yrs 7 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Ella Fitzgerald 326

(a) Residence, No. Kent, Iowa. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 yrs

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Monroe
 (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME James Fitzgerald

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

MOTHER 15. MAIDEN NAME Mary Shughnessy

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

17. INFORMANT H. M. Fitzgerald
 (ADDRESS) Kent, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Lenox, IA DATE Apr. 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) Arnold Funeral Home
Lenox, Iowa

20. FILED 48 128 T.R. Mudgett M.D. M.P.N.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-28-38, 19, to 3-7-38, 19.

I last saw him alive on 3-7-38, 19. Death is said to have occurred on the date stated above, at 2:35 a.m.

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

Decubitus 21 days

Date of onset
1938

Other contributory causes of importance:

Apoplexy
Hypertension
Dementia Parac.

1937
19
1912

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? no
 If so, specify.....

(Signed) David Basham, M. D.

(Address) St. Vincent's Sanitarium
Lenox, Iowa

STATEMENT BY LICENSED EMBALMER

I, Rex E. Campbell, Licensed Embalmer No. 3881
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond Schirke
..... L. E.
No. 3985 or by Registered Apprentice No.
working under my personal supervision.

Signed Rex E. Campbell
Licensed Embalmer No. 3881

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)