

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 791
 CERTIFICATE OF DEATH

13399
 Do not use this space.

MAY 10 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 3741
 (c) City St. Louis (d) Street No. 5345 Ridge St.
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5345 Ridge St. L (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1866

7. AGE YEARS 70 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator of Carcinoma of Lung
 9. Industry or business in which work was done, as saw mill, bank, etc. R.R. Carrol
 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) Tranton, Mo.

MOTHER 13. NAME Jimmie Fitzpatrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delton, Mo.

15. MAIDEN NAME Mrs. Carroll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delton, Mo.

17. INFORMANT (ADDRESS) Mrs. Mollie Fitzpatrick
5345 Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Delmar DAY April 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Stuart
1225 Union Blvd.

20. FILED APR 22 1939 J. Budiek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to April 20, 1939

Last saw him alive on April 15, 1939 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Carcinoma of Lung

Date of onset ??

Other contributory causes of importance: None

Name of operation Date of None

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (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) W. J. Spector, M.D.

(Address) 622 Union Club Bldg

Miss Blank-Bell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

BERNARD A. STUART

Registered Apprentice No.....

working under my personal supervision.

Signed *Bernard A. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 N. Union*

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.)

If this body is not embalmed, above space should be left blank.