UG 12 1939 SEP 1 1939

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

30293
Do not use this space.

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.

1. PLACE OF DEATH

(a) County Saint Louis 1 Registration District No. 284

(b) Township Carondelet 1 Primary Registration District No. 200 Registered No. 1440

(c) or City Jefferson Barracks 1 (d) Street No. ; St.

(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 326 Jerome T. Fitzgerald

(a) Residence, No. 5053 Maffitt Avenue, Saint St. Louis, Missouri.
(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	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 Mrs. Mary Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	9	29	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. -

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) Saint Louis, Missouri.

FATHER

13. NAME William Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER

15. MAIDEN NAME Mary McCarthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

17. INFORMANT Minnie Gable (ADDRESS) VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 8-15-39, 19

19. FUNERAL DIRECTOR (NAME) Sullivan Und. Co. (ADDRESS) 2849 No. Euclid Ave., St. Louis, Mo.

20. FILED AUG 12 1939 D. R. Meyer Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1939, to August 12, 1939

I last saw him alive on August 12, 1939. Death is said to have occurred on the date stated above, at 9:15A m.

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

	Date of onset
Cerebral hemorrhage with right hemiplegia.	8-7-39

34

Other contributory causes of importance:

Mesodermic neurosyphilis.	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and lab. 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF., Jefferson Bks., Missouri.

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 Henry Chas. Tunesi; Registered Apprentice No. 170 working under my personal supervision.

Signed Eugene H. Sullivan

Licensed Embalmer No. 2930

P. O. Address

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

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