

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.

NOV 13 1939
Registration District No. **1791**
1000

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 Days**
(Specify whether _____)
In this community **73 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Mo.** **19**
(If outside city or town limits, write "RURAL")
(d) Street No. **4240 McPherson Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME **John Fitzpatrick 321**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frances E. Fitzpatrick** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 175, 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman City.**

11. Industry or business _____

12. Name **Hugh Fitzpatrick** **0**

18. Birthplace **St. Louis, Mo.** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Leeg**

15. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edward J. Reddy**

(b) Address **41743 McPherson Ave**

17. (a) **Burial** (b) Date thereof **Oct. 14, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**
OCT 13 1939
(Date received local registrar) (c) **J. B. Brubaker**
(Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12**, year **1939** hour **7:40** minute _____ A. M.

21. I hereby certify that I attended the deceased from **September 25, 1939** to **October 12, 1939**, that I last saw him alive on **October 12, 1939** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chronic** Duration _____

Due to **Hypertensive Heart Disease**

Due to **generalized arteriosclerosis**

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **J. B. Brubaker** (M. D. or other) _____
Address **1515 Lafayette,** **10/13/39**
Date signed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rindell B

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.