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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42161

Registration District No. JAN 12 1940 791

Primary Registration District No.

Registrar's No. 11284

1. PLACE OF DEATH: 1003 3

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 8yrs.5mo. 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 12 (If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Boulevard (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Philip T. Fitzgerald 326

3. (b) If veteran, name war - - - - -

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 27, 1868 (Month) (Day) (Year)

8. AGE: Years 71 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Cold Springs (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired 1

11. Industry or business

FATHER
12. Name Patrick Fitzgerald 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Flynn
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Fannie Spence

(b) Address 5351 Delmar St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/'40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wagoner Und Co

(b) Address 3621 Olive Street

19. (a) DEC 31 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31- year 1939 hour 6.00 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 13, 1931 to Dec. 31- 1939 that I last saw him alive on Dec. 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	3 yrs
Due to Diabetis Mellitus	8 yrs

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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? - - - - - - - - - - - - - - - - (Specify type of place)

While at work? (e) Means of injury - - - - - -

23. Signature [illegible] (M. D. or other)

Address 508 N Grand Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St

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

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