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1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Anthony
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community 4 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Joseph Fitzpatrick

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 married

6. (b) Name of husband or wife annie Earl 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 27 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>67</u> | <u>11</u> | <u>12</u> | hr. min. |

9. Birthplace Lindsay Ontario
(City, town, or county) (State or foreign country)

10. Usual occupation State Employee

11. Industry or business Highway

12. Name James Fitzpatrick

13. Birthplace Ontario
(City, town, or county) (State or foreign country)

14. Maiden name Bridget McKee

15. Birthplace Ontario
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Fitzpatrick
(b) Address 7731 Brookline Terrace

17. (a) Burial (b) Date thereof 12-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Findlay, Ohio

18. (a) Signature of funeral director Geo. L. Ziegenhein
(b) Address 7027 Gracius Ave.

19. (a) DEC 9 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County _____

(c) City or town Lindsay No. Baltimore NR
(If outside city or town limits, write "RURAL")

(d) Street No. 213 Tarr St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1940 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7/15, 1940, to Dec 9, 1940
that I last saw him alive on Dec 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to Prostatotomy

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations Ch. Hypertrophied Prostate & Hypopharynx

Of autopsy _____

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 _____

23. Signature J. H. Bredeck (M. D. or other) _____
Address 402 S. Grand Date signed 12/9/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

G. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address

7027 Gravois

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, fact should be so stated above.