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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

WA84

State File No. 12030

FILED APR 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 645

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Enroute to Dr Findley's office 2573 Woodson Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town 2626 Tennyson 13
(If outside city or town limits, write "RURAL")

(d) Street No. Overland Mo 1
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Laura Lee Fitzgerald

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased MAR (Month) 9 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	15	..... hr. ..... min.

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

10. Usual occupation — Nil

11. Industry or business —

FATHER
12. Name William Fitzgerald
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Julia Schille
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Fitzgerald

(b) Address 2626 Tennyson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 25 (Day) 1941 (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Citizens Funeral Home

(b) Address 9230 Lackland Overland Mo

19. (a) MAR 24 1941 (Date received local registrar) (b) T R Mayer M D Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1941 hour ..... minute 9 45 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw her alive on ..... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Lobar Pneumonia J Llewellyn Efficiency	

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 T L Finley MD (M. D. or other) 0

Address 2573 Woodson Date signed 3-24-41

(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.....

Licensed Embalmer No.....3428.....

P. O. Address.....

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.