

No. 2  
1-13-40  
-17-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St. Louis**  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Mo. Pacific Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 yrs**  
 In this community **3 yrs**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **725 Emmenegger**  
 (If rural, give location) **Lemay**  
 (e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **John Leonard Fitzgerald**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. **702-12-4497**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **22**  
 year **1941** hour **1** minute **35** P. M.  
 21. I hereby certify that I attended the deceased from **March**  
**4**, 19**41**, to **June 22**, 19**41**  
 that I last saw him alive on **June 22**, 19**41**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **E. Sybil Fitzgerald**  
 6. (c) Age of husband or wife if alive **46** years  
 7. Birth date of deceased **Feb 21 1876**  
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of Penis**  
**Pulmonary Metastasis**  
 Due to \_\_\_\_\_  
 Due to **51 d**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>4</b>	<b>1</b>	hr. _____ min. _____

Major findings: **Carcinoma of Penis**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 10. Usual occupation **Machinist**  
 11. Industry or business **Railroad**  
 12. Name **David Fitzgerald**  
 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 14. Maiden name **Mary O'Brien**  
 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 16. (a) Informant **E. Sybil Fitzgerald**  
 (b) Address **725 Emmenegger**  
 17. (a) **Burial** (b) Date thereof **6-25-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **National Cemetery**  
 18. (a) Signature of funeral director **Franklin Ward Co**  
 (b) Address **7420 Washington**  
 19. (a) **JUN 22 1941** (b) **J. W. B. [Signature]**  
 (Date of death) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **None**  
 (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 **0**  
 23. Signature **Dr. Julius P. Carlson** (M. D. or other) \_\_\_\_\_  
 Address **Mo. Pacific Hospital** Date signed **6/22/41**

**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.....

*Oliver E. F. [Signature]*

Licensed Embalmer No.....

P. O. Address.....

*414 [Signature]*  
*The [Signature]*

**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.**