

No. 2
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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40297

JAN 24 1942 791

Primary Registration District No. 1003

State File No.

Registrar's No. 10041

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1425 N. Union
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Doyle Peter Fitzgibbons

3. (b) If veteran, name war 3. (c) Social Security No. 702-14-2092

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Mae Lynch
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased January 31 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 10 18 hr. min.

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

10. Usual occupation Clerk
11. Industry or business Mo. Pac. R.R.

MOTHER FATHER { 12. Name John Fitzgibbon
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary B. Doyle
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Mae Fitzgibbon
(b) Address 1425 N. Union

17. (a) Burial (b) Date thereof 12-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) DEC 12 1941 (b) J. F. Brudeck
(Date of local filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1941 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from December 17, 1941
to December 18, 1941
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Perforated Gastric Ulcer 1 day
Peritonitis - Shock 1 day

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Not operated
Of autopsy Not performed

Duration
1 day
1 day

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
23. Signature J. A. Lembeck (M. D. or other)
Address 155 So. Grand, St. Louis, Mo. Date signed 12-18-41

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

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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

Fred Frick

Licensed Embalmer No..... 3186.....

P. O. Address St. Louis, Mo.

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.