

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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: **Firman DesLoge 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **2617**
(d) Street No. **3220 S. 9th St.** (If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John H. Fitzgerald**

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 **Irma Fitzgerald** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **July 17, 1985**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Jerseyville / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brewery Worker**

11. Industry or business _____

MOTHER FATHER { 12. Name **John A. Fitzgerald**
13. Birthplace **Ohio** (State or foreign country)
14. Maiden name **Sarah Snyder**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irma Fitzgerald**

(b) Address **3220 S. 9th St.**

17. (a) **Burial** (b) Date thereof **July 30/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter and Paul Cm.**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**

(b) Address **2201 S. Grand Bl.**

19. (a) **III 29 1942** (b) **J. F. Prudek**
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1942** hour **12** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **5** 19 **42** to **7** 19 **42**
that I last saw him alive on **July 27** and that death occurred on the date and hour stated above. 19 **42**

Immediate cause of death **Cerebral Coronary-
atous embolus** Duration _____

Due to **Generalized Coronary
probably primary in lung**
Due to _____

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 **0**

23. Signature **A. G. Tarkenton** (M. D. or other) **0**
Address **3115 S. Grand** Date signed **7/28/42**

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

Henry A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

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.