V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5946

State File No.

FILED MAR 11 1943

Registration District No. 49

Primary Registration District No. 3008

Registrar's No. 56

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 4 m 24 d (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 14

(c) City or town Shrewsbury 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7312 Brunswick 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Eugene Fitzgerald

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 11 - 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	6	hr. min.

9. Birthplace New Orleans La 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Michael P. Fitzgerald
13. Birthplace La La 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Curtiss
15. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (b) Date thereof Feb 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 6322 S Grand

19. (a) Feb 18 1943 (b) St Louis Mo
(Date received local registrar) (Registrar's signature)

Josie Monnickhoff

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1943 hour 11 2 minute PM M.

21. I hereby certify that I attended the deceased from 11/4/42
, 19 , to 2/17/43 , 19
that I last saw him alive on 2/17/43 , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to Gastric Ulcers

Due to

Other conditions
(Include pregnancy within 3 months of death)

46 b

Major findings:
Of operations

Of autopsy

Duration

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 George W Reuss (M. D. or other) MD

Address Fulton Mo Date signed 2/18/43

(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 Virgil L Berryman

Licensed Embalmer No. 4018

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.