

FILED JAN 4 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
926 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
In this community 2 Wks. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Solomon Fitzgerald
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 16 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 7
If less than one day hr. min.

9. Birthplace Centralia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER
12. Name Thomas Fitzgerald
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Morgan
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Addie May Broughal
(b) Address 924 Benton - St. Louis Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-24-43
(Month) (Day) (Year)
(c) Place: burial or cremation Centralia Ill

18. (a) Signature of funeral director Robland Mortuary Service
(b) Address 435 1/2 Washington

19. (a) DEC 24 1943 (b) J. Biedack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Marion
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 221 E 3rd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 23
year 1943 hour 4 minute 45 PM

21. I hereby certify that I attended the deceased from today
12/23/43 1943 to 1943
that I last saw him alive on today 12-23- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Myocarditis 10 years
2. Arterio sclerosis 16 years
Due to 3. Senility (87 years old)

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

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) 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 _____

23. Signature John B. Young (M. D. or other)
Address 1126 W. 4th St Date signed 12/24/43

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

Howard A. Rowland

Licensed Embalmer No. *3114*

P. O. Address *Thermon, 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.