

FILED MAY 9 1944

State File No.

3926

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4357 Cozzens
(d) Length of stay: In hospital or institution (25) years.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4357 Cozzens
(e) Citizen of foreign country? Born U.S.O.F.A.
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Hattie Fitzpatrick.

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Robert Fitzpatrick, 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased dont know

8. AGE: Years Months Days If less than one day
About 67 hr. min.

9. Birthplace New Madrid Mo

10. Usual occupation House-wife

11. Industry or business Domestic

12. Name Tom Hicks,

13. Birthplace Dont know

14. Maiden name Fannie Ramsey,

15. Birthplace Dont know.

16. (a) Informant Robert Fitzpatrick
(b) Address 4357 Cozzens
(c) Place: burial or cremation New Madrid, Mo

18. (a) Signature of funeral director Lee J. Sneed
(b) Address App 3615, Easton Ave, St. Louis

19. (a) APR 27 1944 (b) J. F. Bredbeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1944 hour 5:45 minute 2 M.
21. I hereby certify that I attended the deceased from April 15
1944 to April 20
that I last saw her alive on April 20
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver
Due to Alcoholism

Other conditions 12th
Major findings: Of operations
Of autopsy

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?
(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. S. Dazuel (M. D. or other)
Address 302 1/2 S. Jefferson Date signed 4/27/44

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

MOTHER, FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. 75266.

P. O. Address 2817 Thomas 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.