

FILED NOV 18 1945

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5882¹/₂ Ridge
(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 Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5882¹/₂ Ridge
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH M. FITZGERALD

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife EDW. FITZGERALD 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 8-27-1918
(Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Ganley

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Mary Moran (City, town, or county) (State or foreign country)

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Edw. Fitzgerald
(b) Address 5882¹/₂ Ridge

17. (a) Burial (b) Date thereof NOV 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Calvary
(d) Signature of funeral director Bullman
(e) Address 2849 N. Euclid

19. (a) NOV 3 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1945 hour 4 minutes 20 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw h..... alive on..... and that death occurred on the day and hour stated above.

Immediate cause of death odium fluoride poisoning
self administered at her home
5882¹/₂ Ridge Ave on Nov 2nd 1945
at about 11:00 PM while suffering
from temporary mental aberration

Due to.....

Due to Abatement

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 16382

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Nov 3 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury abuse

23. Signature Patrick E. Taylor (M.D. or other)
Address Deputy Coroner Date signed 11-3-45

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 Robert L. Buntman

Licensed Embalmer No. 3553

P. O. Address.....

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.