

FILED NOV 19 1945
 318

Registration District No. _____ Primary Registration District No. _____

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:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3255a Michigan Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John F. Fitzgerald
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 489-14-3925

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 4
 year 1945 hour 4 minute 50 P. M.
 21. I hereby certify that I attended the deceased from 7/23
 _____, 19EE to 11/4, 19EE;
 that I last saw him alive on 11/4, 19EE
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bernadine
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Dec.-30-1870
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of bladder Duration _____
perjury
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 10 Days 4
 If less than one day _____ hr. _____ min.
 9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy no operation - no accident
 Underline the cause to which death should be charged statistically.

10. Usual occupation Retired
 11. Industry or business Unknown
 12. Name _____
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alice Fitzgerald
 (b) Address 3255a Michigan Ave.
 17. (a) Burial (b) Date thereof Nov. 8, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old S S. Peter & Paul
 18. (a) Signature of funeral director Walter Helderer
3634 Gravois Ave.
 (b) Address _____
 19. (a) NOV 6 1945 (b) J. J. Bredek
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature W. J. Bartlett (M. D. or other) _____
 Address 205 Wisconsin Date signed 11/6/45

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 Ciochela
Licensed Embalmer No. 2178
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.