S. No. 2
M—2-43
. 5-17-39
I X35697

16913

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18034

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 12058

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 5/25/46 (Specify whether

In this community 51 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town East St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 1402 Gaty Avenue (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME FITZGIBBONS, John F.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 4 (Day) 1894 (Year)

8. AGE: Years 51 Months 9 Days 27 If less than one day hr. min.

9. Birthplace East St. Louis, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Odd Jobs

11. Industry or business

FATHER
12. Name Frank Fitzgibbons
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Anna Ward
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director KASSLY UND. [signature]

(b) Address E. St. Louis, Ill.

19. (a) 6-3-46 (Date received local registrar) (b) E. G. McDavian MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from 5/25/46, 19__, to 5/31/46, 19__; that I last saw him alive on May 31, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: TUBERCULOSIS, CHRONIC, ACTIVE, FAR ADVANCED, PULMONARY	UNK
Due to 13	
Due to	
Other conditions: CORONARY ARTERIOSCLEROTIC HEART DISEASE (Include pregnancy within 3 months of death)	UNK

Major findings: Of operations No Operation

Of autopsy No Autopsy

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) No

(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 L. E. STILWELL, M. D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5/31/46

(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 not embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John J Kasoly

Licensed Embalmer No. 6855 Ill.

P. O. Address East St. Louis Ill.

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.