

#57784

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18385

FILED WITH 27 1946
318

State File No. _____

Registrar's No. 4465

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4872 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME JAMES JOHN FITZGERALD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1946 hour 9:07 minute am M.

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

21. I hereby certify that I attended the deceased from 5/13/46, 19____, to 5/17/46, 19____;
that I last saw him im alive on 5/17/46, 19____,
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 Single

Immediate cause of death:
Myocardial Infarction
Coronary artery heart disease

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

Due to _____
Due to _____

7. Birth date of deceased: Oct. 7 1892
(Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy as above

8. AGE: Years 53 Months 7 10
If less than one day hr. min.

Other conditions:
(Include pregnancy within 3 months of death)
94

9. Birthplace: St. Louis Missouri
(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? _____

10. Usual occupation Cook

11. Industry or business _____

12. Name James Fitzgerald

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

14. Maiden name Cora Wells

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

16. (a) Informant Martha Bobb
(b) Address 1605 N Jefferson

17. (a) Burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director E. J. Schmir
(b) Address 3125 Lafayette

19. (a) MAY 18 1946 (b) J. F. Bredebeck
(Date of issue and registration) (Registrar's signature)

19. (a) Signature Robert E. Stock (b) Address 1515 Lafayette
(City or town) (County) (State)

19. (a) Signature _____ (b) Address _____
(City or town) (County) (State)

19. (a) Signature _____ (b) Address _____
(City or town) (County) (State)

19. (a) Signature _____ (b) Address _____
(City or town) (County) (State)

19. (a) Signature _____ (b) Address _____
(City or town) (County) (State)

19. (a) Signature _____ (b) Address _____
(City or town) (County) (State)

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

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.....

Licensed Embalmer No.

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.