

FILED FEB 24 1947

318

Registration District No.

Primary Registration District No.

Registrar's No. 1326

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4009 Lindell Boulevard
(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 Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4009 Lindell Boulevard
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CECIL FITZGERMAN

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Paul Fitzgerman
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 11 1894
(Month) (Day) (Year)

20. DATE OF DEATH: Month Feb. day 7
year 1947 between 1 & 6 minutes 20 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years Months Days If less than one day
52 2 26 hr. min.

Due to Cardiac Hypertrophy
Due to Arteriosclerosis

9. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Unavailable 9
13. Birthplace Unavailable (City, town, or county) (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant Paul Fitzgerman
(b) Address 4009 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1947
(Month) (Day) (Year)

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?.....

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director FRUTH CENTER MORTUARY

(b) Address 4024 Lindell Boulevard

19. (a) FEB 10 1947 (Date received local registrar) (b) J. F. Bronck (Registrar's signature)

(Specify type of place) (c) Means of injury.....
23. Signature [Signature] (M. D. or other) Date signed 2/10/47

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 Ronald Yahrke
Licensed Embalmer No. 10 3917
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.