

No. 2
12-45
17

Registration District No. 318

Primary Registration District No. 1003

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: City Infirmary 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 months 8 days
Life. (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000
 (c) City or town St. Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal St. 1721 N. Euclid 9
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME FITZGERALD, EMMA.

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 Single

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

7. Birth date of deceased: March 16th; 1873
 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: Creve Couer, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business _____

12. Name: Fitzgerald

13. Birthplace: Creve Couer Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Emma

15. Birthplace: Creve Couer Mo. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3/4/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Pioneer Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 3 1947 (b) J. J. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
 year 1947 hour 4:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May the 21st. 19 46 to March 1st; 19 47.

that I last saw her alive on March 1st; 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis with cerebro vascular lesion 1946 plus.

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

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? _____

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

23. Signature Edmund Prusius Bowdich (M. D. or other) 0

Address Infirmary Date signed 3/1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED MAR 11 1947

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 W E Morris

Licensed Embalmer No. 3360

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.