

FILED SEP 18 1947  
818

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution..... **Enroute to City Hospital #1** <sup>3</sup>  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **51 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **oas**

(c) City or town..... **St. Louis** <sup>17</sup>  
(If outside city or town limits, write "RURAL") <sup>9</sup>

(d) Street No..... **1511 Menard Street**  
(If rural, give location) <sup>8</sup>

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **JOSEPH W. FITZGIBBONS**

3. (b) If veteran, name war..... **World War #1 & #2**

3. (c) Social Security No. **498-03-1499**

MEDICAL CERTIFICATION  
**September 10 1947**

20. DATE OF DEATH: Month..... **September** day..... **10** year..... **1947** hour..... **9** minute..... **10** M.

4. Sex..... **M**

5. Color or race..... **W**

6. (a) Single, widowed, married, divorced..... **M**

6. (b) Name of husband or wife..... **Susan**

6. (c) Age of husband or wife if alive..... **55** years

7. Birth date of deceased..... **August 20, 1896**  
(Month) (Day) (Year)

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
<b>51</b>	<b>0</b>	<b>16</b>	..... hr. .... min.

Due to..... *Crown Thrombosis*

Due to..... *94*

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Painter**

Major findings:  
Of operations.....

Of autopsies.....

11. Industry or business.....

12. Name..... **John Fitzgibbons**

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

14. Maiden name..... **Ruby Fitzsimmons**

15. Birthplace..... **unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Susan Fitzgibbons**  
(b) Address..... **1511 Menard Street**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof..... **9-6-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Natl. Cem. Jeff. Bks. Mo.**

18. (a) Signature of funeral director..... **A.W. McLaughlin**  
(b) Address..... **2301 Lafayette Avenue**

19. (a) **SEP 5 1947** (Date received local registrar) (b) *J.F. Biedeck* (Registrar's signature)

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?..... (Specify type of place)

While at work?..... (e) Means of injury..... **oas**

23. Signature..... *Alfred J. Perry* (M.D. or other) <sup>3</sup>  
Address..... *Deputy Coroner* Date signed..... **9-5-47**

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

MOTHER FATHER

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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 Cooper*

Licensed Embalmer No.....

*3890*

P. O. Address.....

*2301 Lafayette*

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.