

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35715

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10260

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:
Mo. Baptist Hospital
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 6046 Maple Ave. 9
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME David R. Fitzgerald Sr.

3. (b) If veteran, name war No 3. (c) Social Security 702-05-0116

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Fitzgerald 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. 4, 1903
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4 year 1947 hour 5.25 minute P.M.

21. I hereby certify that I attended the deceased from Nov 3 1947 to Nov. 4 1947; that I last saw h im alive on Nov 4 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial 2 days

Due to _____

Due to 107

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 44 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation R.R. Clerk

11. Industry or business Wabash R.R.

MOTHER FATHER { 12. Name Richard Fitzgerald

{ 13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rose Clark

{ 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Fitzgerald

(b) Address 6046 Maple Ave.

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) NOV 6 1947 (b) J. F. Bridget
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy NO

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)

(c) Means of injury 0

23. Signature David J. Fish (M. D. or other) M. D.

Address 634 N. GRAND Date signed 11/4/47

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Virgil O. Fish,
Mo. Ther. Bldg.,
Fr. 5588. 2 - J R M.

8/11

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..... *Alfred F. Boudreau*
Licensed Embalmer No. 2663

P. O. Address..... 1125 Hodiamont Ave.,

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.