S. No. 300
v. 10.48

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

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21014
5105

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 0
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 2 Missouri Grand
b. COUNTY 0-0-0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 2015 S. Grand 17 - 9 0

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) Edward
c. (Last) Fitzgerald

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 10-31 1867
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 7 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 11 Years
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Edward Fitzgerald
13b. MOTHER'S MAIDEN NAME Mary Reilly
14. NAME OF HUSBAND OR WIFE Alma Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Monte Thompson — ADDRESS 2015 S. Grand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) — (COUNTY) — (STATE) 102
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 444X

22. *I hereby certify that I attended the deceased from* 6-1, 1949, *to* 6-11, 1949 *that I last saw the deceased alive on* 6-11, 1949, *and that death occurred at* 9:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE N. Shaver (Degree or title) M.D.
23b. ADDRESS Lindell Trust Bldg
23c. DATE SIGNED 6-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/14/49
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
24d. LOCATION (City, town, or county) Lemay 23, Missouri (State)

DATE REC'D BY LOCAL REG. JUN 13 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home — ADDRESS 6322 So Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Nellie Shaver
Tindell Trust Bldg
2 to 6

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed David Van Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. 7212

P. O. Address 6322 So. Grand

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.