S. No. 300
Rev. 10.48

4006

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3315

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 2002 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): Since 1901
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1247 Vaughan Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4376
d. STREET ADDRESS (If rural, give location): 1247 Vaughan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle):
c. (Last): FITZGIBBONS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 12, 1858
9. AGE (In years last birthday): 91 — If under 1 year: Months 11, Days 1 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Jerseyville, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joshway Martin
13b. MOTHER'S MAIDEN NAME: Mary Silsby
14. NAME OF HUSBAND OR WIFE: Late John Fitzgibbons
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 / ADDRESS: Cora Darr 1247 Vaughan Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) SENILITY — 5 YRS

DUE TO (c) CEREBRAL ARTERIOSCLEROSIS — 3 YRS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF PELVIS — 9 days

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): FRACT. PELVIS
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): UNIV. CITY, ST. LOUIS MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 4 1950 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: FALL IN HOME.

22. *I hereby certify that I attended the deceased from* JAN 4, 1950, *to* JAN 13, 1950, *that I last saw the deceased alive on* JAN 12, 1950, *and that death occurred at* 7 AM *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Feldman, M.D.
23b. ADDRESS: 5539 N. Grand
23c. DATE SIGNED: 1/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1950
24c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 1-18 50
REGISTRAR'S SIGNATURE: Herbert L. Clarke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Kriegshauser 4228 S. Kingshighway Bl

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Edwin A. M. Dermott

Licensed Embalmer No. 3024

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.