

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10425

State File No. 2248

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2248

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3128 Lackland Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>16 3128 Lackland Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) c. (Last) <u>FITZGERALD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 20, 1874</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer Inspector-Crudenden Martin Mfg. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	

13a. FATHER'S NAME <u>Frederick Stumpf</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Schultz</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-03-3013</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cyrillia Boehm</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic and mitral regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Osteitis Deformans (Paget's disease)</u>		DUE TO (b) _____	
DUE TO (c) <u>Generalized arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>	
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) <u>4500</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 10, 1942, to Mar. 7, 1950, that I last saw the deceased alive on Mar. 6, 1950, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. W. Klippel, M.D.</u>		23b. ADDRESS <u>3701 Grandel Square</u>		23c. DATE SIGNED <u>3/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>St. Louis Co. Mo.</u>		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>MAR 8 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	
ADDRESS		ADDRESS		ADDRESS <u>4228 S. Kingshighway Bl.</u>	

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

2.4

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 Richard W. Stevenson

Licensed Embalmer No. 4007

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.