

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40186

State File No. _____
Registrar's No. 10782

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10782																	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____																					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069																			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5736 Cote Brilliante				d. STREET ADDRESS (If rural, give location) 5736 Cote Brilliante 0																					
3. NAME OF DECEASED (Type or Print) Anna			a. (First)			b. (Middle)			c. (Last) Fitzgerald			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1952													
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 19, 1879		9. AGE (In years, last birthday) 75		10. MONTHS 3		11. DAYS 12		12. CITIZEN OF WHAT COUNTRY? 0											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri				12. CITIZEN OF WHAT COUNTRY? 0													
13a. FATHER'S NAME Patrick Fitzgerald				13b. MOTHER'S MAIDEN NAME Bridget Hogan				14. NAME OF HUSBAND OR WIFE _____																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Margaret Fagane				ADDRESS 5736 Cote Brilliante													
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, asthma, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____												II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
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) _____																		
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? 331X																			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.																									
23a. SIGNATURE <u>Joseph M. Quinn</u> Deputy Registrar						23b. ADDRESS 1300 Clark				23c. DATE SIGNED 11/24/52															
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 11-24-52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri																
DATE REC'D BY LOCAL REG. NOV 24 1952			REGISTRAR'S SIGNATURE <u>J. C. Smith</u>				SUPERVISOR'S SIGNATURE <u>W. F. Smart</u>				ADDRESS 1225 Union														

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

John J. Harris

Licensed Embalmer No. 4108

P. O. Address St Louis MO

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.