

33201

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8247

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis, Mo.</u>  |  | c. LENGTH OF STAY (In this place)  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                                |  | 2049  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>   |  |  | d. STREET ADDRESS (If rural, give location)<br><u>2128 Forest</u>   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Charles</u>  |  | b. (Middle)  | c. (Last) <u>Fitzgerald</u>   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>August 24, 1953</u> |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><u>July 22, 1952</u>  | 9. AGE (In years last birthday)<br><u>1</u>                        | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>2</u>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |
| 13a. FATHER'S NAME<br><u>Richard Fitzgerald</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Shirley Stwall</u>   |   | 14. NAME OF HUSBAND OR WIFE  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>RICHARD FITZGERALD - 2128 FOREST</u>                   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  |  |   |  |   |
| MEDICAL CERTIFICATION  |  |  |   |  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial pneumonia</u>   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>                                   |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |  |   |  |   |
| ANTECEDENT CAUSES  |  |  |   |  |   |
| Morbid conditions, if any, giving rise to the above cause (a) <u>stroke</u> the underlying cause last.   |  |  |   |  |   |
| DUE TO (b)   |  |  |   |  |   |
| DUE TO (c)   |  |  |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS <u>Nutritional anemia</u>   |  |  |   |  |   |
| 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?<br>YES <input checked="" type="checkbox"/> NO <input 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) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>492x</u>   |  |   |
| 22. I, hereby, certify that I attended the deceased from <u>Aug 22</u> , 19 <u>53</u> , to <u>Aug 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>53</u> , and that death occurred at <u>4:20</u> am., from the causes and on the date stated above. |  |  |   |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>Raymond A. Staudenmaier M.D.</u>  |  | 23b. ADDRESS<br><u>4945 Audubon</u>  |   | 23c. DATE SIGNED<br><u>Aug 25, 1953</u>                            |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>  | 24b. DATE<br><u>8-26-53</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>RESURRECTION CEM.</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Mo.</u>  |  |   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>AUG 25 1953</u><br><u>J. Earl Smith M.D.</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>6322 So Grand - Sautter</u> |  | ADDRESS<br><u>General</u>   |  |   |

S.P. (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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*David Van Farn*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Main*

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.