

10. 300
0. 48

2768

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1954

State File No. _____
Registrar's No. **0345**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis.** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5952 Theodosia Ave.**
e. STREET ADDRESS (If rural, give location) **5952 Theodosia Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Richard** b. (Middle) **T.** c. (Last) **Fitzgerald**
4. DATE OF DEATH (Month) (Day) (Year) **Jan 12, 1954.**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Feb. 10, 1865.** 9. AGE (In years last birthday) **88.** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Police Sgt.** 10b. KIND OF BUSINESS OR INDUSTRY **Police Dept.** 11. BIRTHPLACE (City and State or Foreign Country) **County Cork Ireland.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **David Fitzgerald** 13b. MOTHER'S MAIDEN NAME **Mary Crowley** 14. NAME OF HUSBAND OR WIFE **Julia Fitzgerald.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give year or date of service) **NEL.** 16. SOCIAL SECURITY NO. **None.** 17. INFORMANT'S SIGNATURE OR NAME **Mary Washaw** ADDRESS **5952 Theodosia, Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of prostate & metastases**
INTERVAL BETWEEN ONSET AND DEATH **3 yrs**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of prostate with bony metastases** 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **177X**

22. I hereby certify that I attended the deceased from **7-2**, **1954**, to **1-12**, **1954**, that I last saw the deceased alive on **1-12**, **1954**, and that death occurred at **4:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Jessie N. Gerard MD** 23b. ADDRESS **812 Olive St St Louis** 23c. DATE SIGNED **1-13-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-15-54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JAN 13 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington.**

(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.....
Signature of Student Embalmer

Signed..... *Paul G. Wachter*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.