

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6164**
Registrar's No. **1524**

FILED MAR 4 1954
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		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. City Hospital		e. STREET ADDRESS (If rural, give location) 1004 Morrison ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) c. (Last) Fitzgerald		4. DATE OF DEATH (Month) (Day) (Year) FEB. 15 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 24, 1947
9. AGE (In years last birthday) 6	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John L. Fitzgerald		13b. MOTHER'S MAIDEN NAME Alice Worley	
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) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Alice Fitzgerald		ADDRESS 1004 Morrison ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drain injury, suffered when he fell while playing on his home from the wood canopy covering basement entrance in the rear of the house to the ground below (b) due to (c) entrance in the rear of the house to the ground below II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death see entry 13 1954 about accident	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION see entry 13 1954 about accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1954 4:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 000 E9020			
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 11:30 A.M. , from the causes and on the date stated above. 21			
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coronar		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2.16.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Feb. 18, 1954	
24c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY		24d. LOCATION (City, town, or county) (State) 1800 LEMAY TERRY Road.	
DATE REC'D BY LOCAL REG. FEB 16 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD	
FURNERAL DIRECTOR'S SIGNATURE G. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway	

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 *Harry J. Schramm*
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Madison*

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.