

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21654

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 1227

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **Normandy**

c. LENGTH OF STAY (In this place) **1 year**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5316 Colton Drive**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution).

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Normandy 417**

d. STREET ADDRESS (If rural, give location) **5316 Colton Drive**

e. Is Residence within limits of a city or township? Yes  No

3. NAME OF DECEASED (Type or Print)

a. (First) **John** b. (Middle) **J** c. (Last) **Fitzgerald, Jr.**

4. DATE OF DEATH (Month) (Day) (Year) **June 7 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 28, 1909** 9. AGE (In years last birthday) **44**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Rate Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Missouri Pacific RR**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John J. Fitzgerald** 13b. MOTHER'S MAIDEN NAME **Blanche Wright** 14. NAME OF HUSBAND OR WIFE **Mrs. Viola E. Fitzgerald**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes 2nd World War**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Viola E. Fitzgerald, 5316 Colton Dr**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Carcinomatosis, generalized**

ANTECEDENT CAUSES DUE TO (b) **Carcinoma of rectum 1 yr.**

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  NO  **154X**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **ND** 21b. PLACE OF INJURY (e.g., in or about home, farm, in city, street, or public place) \_\_\_\_\_

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? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **6-7-** 19**54**, that I last saw the deceased alive on **6-7-54**, and that death occurred at **11:50A** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **C. Rush McAdams MD** 23b. ADDRESS **906 Olive St. Louis 70** 23c. DATE SIGNED **6-8-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 10, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **6/13/54** REGISTRAR'S SIGNATURE **Deborah R. ...** F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave**

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

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**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 Clement M. J. May

Licensed Embalmer No. 3732

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.