

FILED AUG 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28890

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6839

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN Shrewsbury	d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 7300 Murdoch	

3. NAME OF DECEASED (Type or Print) a. (First) Hugh B. b. (Middle) Fitzgerald c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1883		9. AGE (In years last birthday) 71 if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Michael Fitzgerald		13b. MOTHER'S MAIDEN NAME Rose Curtis		14. NAME OF HUSBAND OR WIFE Jeannette Fitzgerald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war and date of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hugh Fitzgerald 7300 Murdoch Shrewsbury, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Asthmaticus PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (Mention conditions contributing to the death but not related to the disease or condition causing death.) Heat exhaustion			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days
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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? 241XF	

22. I hereby certify that I attended the deceased from Jan. 5, 1947, to July 21, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 145a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmond A. [Signature]		23b. ADDRESS 204 E. Big Bend		23c. DATE SIGNED 7-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-24-54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE RECD BY LOCAL REG. JUL 23 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 5322 S. Grand, St. Louis, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. E. A. WESTRUP
204 E. BIG BEND
162 P.M.

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 *Francis J. Myland*

Licensed Embalmer No. *451*

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.