

THE DIVISION OF HEALTH OF MISSOURI  
FILED NOV 22 1954 STANDARD CERTIFICATE OF DEATH

38730

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10098**

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 town) **St. Louis** c. LENGTH OF STAY (in this place) **2 Hrs.**  
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 **Romer G. Phillips Hospital** STREET ADDRESS (If rural, give location) **1914 East Grand Blvd.** **2099**

3. NAME OF DECEASED (Type or Print) a. (First) **William** b. (Middle) **L.** c. (Last) **Fitzgerald** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 7, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 6, 1899** 9. AGE (In years last birthday) **55** 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) **Radiator Repair Man** 10b. KIND OF BUSINESS OR INDUSTRY **Automobile** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Aubrey Fitzgerald** 13b. MOTHER'S MAIDEN NAME **Mary Schumacher** 14. NAME OF HUSBAND OR WIFE **Marion Fitzgerald**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **Yes** (If yes, give year or dates of service) **W.W. 2** 16. SOCIAL SECURITY **490 01-7269** 17. INFORMANT'S SIGNATURE OR NAME **Marion Fitzgerald** ADDRESS **1914 East Grand**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Gunshot wound of skull and brain;**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **self inflicted in basement of his home on November 7, 1954, exact time**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) **unknown;**  
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 **SUICIDE** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **SUICIDE** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **See Above** 21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11-7-54 ? m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **See Above** **E 976 X**

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 **3:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick F. Taylor** (Degree or title) **Coroner** 23b. ADDRESS **300 Clark** 23c. DATE SIGNED **11-8-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 10, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **NOV 8 1954** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **McColliers. Mortuary 10123 St. Chas. Rd.**

WRITE PLAINLY--USING UNFAADING 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 *Sheldon Collins*.....

Licensed Embalmer No. *338*

P. O. Address *10123 St. C*

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.