

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9572**  
Registrar's No. **2988**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4460A Virginia</b>		e. STREET ADDRESS (If rural, give location) <b>15 4460a Virginia</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John J.</b> b. (Middle) <b>Fitzgerald</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2 Feb. 1913</b>
9. AGE (In years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>tavern operator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <b>John Fitzgerald</b>	
13b. MOTHER'S MAIDEN NAME <b>Jenny Seato</b>		14. NAME OF HUSBAND OR WIFE <b>Mathilda C.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>489-40-9551</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mathilda Fitzgerald</b>		ADDRESS <b>4460a Virginia</b>	
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) <b>Myocardial Infarction</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>	
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 <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) <b>St. Louis, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <b>Aug 19 54</b> to <b>April 2, 1955</b> , that I last saw the deceased alive on <b>April 2, 1955</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>P. H. Mezger Md</b>		23b. ADDRESS (Degree or title) <b>539 N. Grand</b>	
23c. DATE SIGNED <b>4/2/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>4-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	
DATE REC'D BY LOCAL REG. <b>APR 4 1955</b>		ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>	

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 *David Van Fossom*.....

Licensed Embalmer No. *429*.....

P. O. Address *6320 80 St*.....

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.