

FILED JAN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42970**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2940**

| | | | |
|---|---------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Webster Groves | | c. CITY OR TOWN Webster Groves 4577 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 613 Tuxedo | | e. STREET ADDRESS (If rural, give location) 613 Tuxedo | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) MOUL c. (Last) FITZGERALD | | 4. DATE OF DEATH (Month) (Day) (Year) 12-16-1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7-14-1907 |
| 9. AGE (In years last birthday) 48 | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Brooklyn N.Y. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Harry S Moul | | 13b. MOTHER'S MAIDEN NAME Carolyn Woodhall | |
| 13c. NAME OF HUSBAND OR WIFE Thomas Fitzgerald | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Thos. Fitzgerald | | ADDRESS 613 Tuxedo | |
| 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) Unknown natural causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 7955 | |
| 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? | | | |
| 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 _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Herbert R. Donke, M.D., Local Registrar | | 23b. ADDRESS 651 S. Brentwood Blvd. | |
| 23c. DATE SIGNED 12-20-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | | 24b. DATE 12-17-1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| DATE REC'D BY LOCAL REG. 12-17-55 | | REGISTRAR'S SIGNATURE Herbert R. Donke, M.D. | |
| FUNERAL DIRECTOR'S SIGNATURE Robert Aldrich | | ADDRESS Webster Groves Mo | |

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 no Embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 439

P. O. Address Holston, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.