

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **35493**  
**3739**  
Registrar's No. \_\_\_\_\_

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>De Soto</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 day</b>		e. STREET ADDRESS (If rural, give location) <b>RR # 2 Box 190 0560</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FARMIN DULOGUE Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>Richard</b>	c. (Last) <b>FITZGERALD</b>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. <del>MARRIED</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-10-1890</b>	9. AGE (In years last birthday) <b>66 yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Williamsport, Penn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Fitzgerald</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Blanche Fitzgerald</b>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>283-20-3114</b>	17. INFORMANT'S SIGNATURE OR NAME <b>K. Grotter Greenwood Ave DeSoto, Mo.</b>	ADDRESS
--	---	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Gonis Concinnia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) <b>162x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pomococytosis, Arteriosclerotic Heart Dis.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 10-20, 1956, to 10-23, 1956, that I last saw the deceased alive on 10-23, 1956, and that death occurred at 1:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Neil J. Gallagher MD.</b>	23b. ADDRESS <b>1325 So Crow</b>	23c. DATE SIGNED <b>10-25-56</b>
--	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto, Missouri</b>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>OCT 25 1956</b>	REGISTRAR'S SIGNATURE <b>J. Lee Mothershead</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lee Mothershead, DeSoto, Mo.</b>	ADDRESS <input checked="" type="checkbox"/>
--	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1966

MAR 14 1967

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 *Jose M. Ochoa*

Licensed Embalmer No. *353*

P. O. Address *...*

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.