

## Mary Frances *Fitzpatrick* Englert

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Birth: Jul. 9, 1882  
Chillicothe  
Livingston County  
Missouri, USA

Death: Apr. 23, 1925  
Chillicothe  
Livingston County  
Missouri, USA

[http://theoldthing.com/biographies/fitzpatrick\\_mary\\_frances\\_1882.htm](http://theoldthing.com/biographies/fitzpatrick_mary_frances_1882.htm)

Name: Mary Englert  
Birth Date: 09 Jul 1882  
Death Date: 23 Apr 1925  
wife of Frank W.  
Cemetery: Catholic Cemetery  
Description: Location: Chillicothe, Missouri

Burial:  
[Saint Columban Catholic Cemetery](#)  
Chillicothe  
Livingston County  
Missouri, USA

Created by: [Mark Ingels](#)  
Record added: Jul 17, 2011  
Find A Grave Memorial# 73486009



Added by: [Cookie Rist Huckaby](#)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

12291

## 1. PLACE OF DEATH

County *Greene*Registration District No. *518*Township *Chillicothe*Primary Registration District No. *5674*

City..... (No. ....)

File No. ....

Registered No. *49*

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Female*

## 4. COLOR OR RACE

*White*

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Married*

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Frank Englebert*

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

*42**9**15*

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Housekeeper*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Iowa*

## 10. NAME OF FATHER

*John J. Frispatrick*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

## 12. MAIDEN NAME OF MOTHER

*Catharine Pagan*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

## 14.

INFORMANT  
(Address)*Frank Englebert  
Chillicothe Mo.*

## 15.

FILED

*4-24-25 Benbow Barry  
Registrar*

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr. 23 - 1925*

## 17.

I HEREBY CERTIFY That I attended deceased from *Apr. 8, 1925* to *Apr. 23, 1925*  
that I last saw him alive on *Apr. 22, 1925*, and that death occurred, on the date stated above, at *2 20 a.m.*

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Intestinal Flu**1925**100%**11/13*

(duration) yrs. mos. da.

## CONTRIBUTORY (SECONDARY)

*Varicose veins - resulting in**Phlebitis*

(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF *—*WAS THERE AN AUTOPSY? *No.*WHAT TEST CONFIRMED DIAGNOSIS? *Examination*(Signed) *H. M. M. M.* M. D., 19 (Address) *Chillicothe - Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

*St Marys Catholic Burial Ground 4-25-25*

## 20. UNDERTAKER

## ADDRESS

*Gas D Gordon Chillicothe Mo.*