WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6704

Township ..... Primary Registration District No. 1003 Registered No. 1555

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME James Fitzsimmons

(a) Residence, No. 707 No 6th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2- 1859

7. AGE YEARS 75 MONTHS DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. East St. Louis Car Co.

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER

13. NAME James Fitzsimmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Ann Cullen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Lizzie Wells 2931 N. Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb. 14 1934

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand Ave.

20. FILED FEB 1 ... 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Feb 11, 1934

I last saw him alive on Feb 11, 1934 Death is said to have occurred on the date stated above, at 7 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	1932
Cirrhosis of liver, atrophic	yrs.
Arteriosclerotic heart disease	yrs.

Other contributory causes of importance:
Arteriosclerosis
124B
75B
97

24B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. M. Charles, M. D.

(Address) Barnes Hospital