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.

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

Do not use this space.

DEC 13 1934

791

40848

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 40848

Township ..... Primary Registration District No. ..... Registered No. 10792

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

2. FULL NAME John Thomas Fitzsimmons

(a) Residence, No. 6116 McPherson St., 5 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29 - 1869

7. AGE: YEARS 64 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Judge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Supreme Court of Mo
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): St Louis Mo.

FATHER

13. NAME: Patrick Fitzsimmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Margaret Mulholland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. John T. Fitzsimmons 6116 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Nov 13 1934

19. UNDERTAKER (ADDRESS): Peltz Bros 3029 Lafayette Ave

20. FILED NOV 12 1934, 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1934, to 11-10-, 1934

I last saw him alive on 11-10-, 1934 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

	Date of onset
Coronary occlusion	
Hypertension & Generalized arteriosclerosis	

Other contributory causes of importance: 94B

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

What test confirmed diagnosis? ..... Was there an autopsy? no

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) Neo Clustis, M. D.

(Address) Barnes Hospital.

AUG 8 1942

JAN 5 1942