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WRITE PLAINLY—USING UNFADING BLACK INK TO MAKE A PERMANENT RECORD

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8313

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 477

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (In this place): 7 yrs. 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2059
d. STREET ADDRESS (If rural, give location): 610 Hamilton Avenue 1

3. NAME OF DECEASED (Type or Print): a. (First) PATRICK b. (Middle) J. c. (Last) FITZSIMMONS

4. DATE OF DEATH (Month) (Day) (Year): 2-7-53

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 15, 1872

9. AGE (In years last birthday): 80 — If under 1 year: Months 11, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Edingburgh, Scotland 4

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick Fitzsimmons

13b. MOTHER'S MAIDEN NAME: Alice Cohlin

14. NAME OF HUSBAND OR WIFE: MARY FITZSIMMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Miss Margaret Fitzsimmons, Daughter. 610 Hamilton Avenue, St. Louis, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral, lobar — INTERVAL BETWEEN ONSET AND DEATH: 18 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Hepatitis — 6 Days
DUE TO (c) Generalized Arteriosclerosis — Years
Arteriosclerotic Heart Disease — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with Cerebral Arteriosclerosis — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

490X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, *19* 49, *to* 2-7, *19* 53, *that I last saw the deceased alive on* 2-7, *19* 53, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Costrino, M.D. — J. A. Costrino, M. D.

23b. ADDRESS: 2407 No. Broadway, St. Louis, Mo.

23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: Feb 11-53

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: 2-9-53

REGISTRAR'S SIGNATURE: Herbert R. Donohe M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E. J. Schmur 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Jon B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.