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

Do not use this space.

1. PLACE OF DEATH
County: St Louis City
Township:
City: St Louis (No. Mo. Pacific Hospital St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 29139
Registered No. 8647

2. FULL NAME Carl Fitzsimmons
(a) Residence. No. 3511 Evans Ave. St., 24 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. 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) Unknown 1889
7. AGE: abt. 39 YEARS MONTHS DAYS — Unknown — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Extra Gang Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: Mo. Pac. R.R.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT (Address): Carl Fitzsimmons Patient at Catholic Hospital 3511 Evans
15. FILED AUG 27 1928 Max C Clark Jr REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25, 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 25, 1928 that I last saw him alive on Aug 25, 1928, and that death occurred, on the date stated above, at 11 45/A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Chronic
34
93C
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Syphilis
indeterminate (duration) yrs. mos. ds.
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? Clinical observation & Wassermann
(Signed) Jerome S Levy, M. D
Aug 25, 1928 (Address) Mo Pac Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sullivan Mo
DATE OF BURIAL: 8-27 1928
20. UNDERTAKER: Schaffer Hand Co.
ADDRESS: Sullivan Mo

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.

THIS IS A PERMANENT RECORD

Schaffer
Sullivan