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

Do not use this space.

37352

1. PLACE OF DEATH
County St Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248 H
City Richmond Heights — St Marys Hospital St. Ward)
File No.
Registered No. 282

2. FULL NAME Arthur J Fitzsimmons
(a) Residence. No. 410 N Newstead St., Ward. St Louis Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Realtor
(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): St Louis Mo

PARENTS
10. NAME OF FATHER: Patrick Fitzsimmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ann Mulholland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Ella Fitzsimmons
(Address) 410 N Newstead

15. FILED 11/26, 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930, to Nov 25, 1930 that I last saw him alive on Nov 25, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
Perforation Pyloric Ulcer
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pyloric ulcer
(duration) yrs. 5 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) R A Kusella, M. D
11/25, 1930 (Address) Beaumont Bldg.

*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: Calvary
DATE OF BURIAL: 11-29 1930

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

DE 23 1930

...ADING INK—THIS IS A PERMANENT RECORD