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.

11047

File No. 2907

Registered No.

APR 25 1934

1. PLACE OF DEATH

County

Township

City St Louis (No. 3912 No Broad St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Fitzsimmons

(a) Residence, No. 3912 No Broad St., 10 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1861

7. AGE: Years 72 | Months 2 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Springfield Massachusetts

FATHER

13. NAME Wm Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Massachusetts

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Martha Bielaski 3912 No Broad

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 3/23/34

19. UNDERTAKER (ADDRESS) John P. Cocoran & Bro 4728 No Broadway

20. FILED 3/23, 19 34 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1934, to 3/21, 1934

I last saw h... alive on 3/21, 1934 Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Chronic Myocarditis 131 — Date of onset

Other contributory causes of importance: Nephritis Chronic Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Nuhen S. Guett, M. D.

(Address) 3500 N. Grand Ave.