

JUN 5 1936

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

Do not use this space.

791

20723

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City St. Louis (No. 5058² Page Blvd)

File No.
Registered No. **4905**
St. Ward)

2. FULL NAME

Mary Fitzsimmons
(a) Residence, No. 5058 Page Blvd Ward. 12
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1878
7. AGE YEARS 57 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Massouri

13. NAME Frank Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Eibben

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

17. INFORMANT Margaret Fitzsimmons
(ADDRESS) 5058 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Culwary DATE 5-6 1936

19. UNDERTAKER Peck Bros.
(ADDRESS) 3029² Lafayette Ave

20. FILED MAY 5 1936
J. H. Decker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3, 1936
22. I HEREBY CERTIFY, That I attended deceased from November 24, 34, to May 3, 1936
I last saw or alive on May 3, 1936 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis chronic
Auricular Fibrillation
Arteriosclerosis
Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Physiology 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? No
If so, specify
(Signed) Louis M. Tenen, M. D.
(Address) 5914 Eitzel Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Do. Teem

5914 E. 1/2