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

32358
Do not use this space.

OCT 14 1937

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1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis
(d) Street No. En route City Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No.

2. PRINT FULL NAME DOROTHY I. FITZSIMMONS
(a) Residence, No. 3019 ABNER PL. St. 6
(Usual place of abode, if no street address, write county or city) (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 (*write* the word): MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN FITZSIMMONS.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV 21. 1911
7. AGE: YEARS 25 MONTHS 9 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWORK
9. Industry or business in which work was done, as 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): JEFFERSON CITY. MO.

FATHER
13. NAME: FOREST BURNETT.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GUTHRE MISSOURI.

MOTHER
15. MAIDEN NAME: LURA HAYDEN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MILLER CO. MISSOURI.

17. INFORMANT (ADDRESS): MRS LURA BURNETT. 3019 ABNER PL.
18. BURIAL, CREMATION, OR REMOVAL: PLACE ~~MEMORIAL PARK~~ Valhalla DATE 9-8 1937
19. FUNERAL DIRECTOR (ADDRESS): MULLEN BROS. 4259 LINDELL BLVD.
20. FILED SEP 7 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance were as follows:

Bullet wound of the heart, self inflicted about 8:10 A.M., September 5, 1937, at 3019 Abner Place St. Louis, Missouri, while suffering temporary mental aberration. Suicide.

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Sept 5, 1937
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

I. X12004

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STATEMENT BY LICENSED EMBALMER

I, W M Rogers, Licensed Embalmer No. 3905,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W M Rogers

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W M Rogers

Licensed Embalmer No. 3905

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