

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30890

Do not use this space.

DEC 6 OCT 1 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis..... (d) Street No. De Paul Hospital..... Registered No. **8327**
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joann Fitzsimmons 325
#4736 Labadie St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as law mill, bank, etc. Child
 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) St. Louis, Mo.

13. NAME James M. Fitzsimmons

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

15. MAIDEN NAME Bertha Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

17. INFORMANT (ADDRESS) Mrs. Bertha Fitzsimmons #4736 Labadie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE 9-23-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Puyton & Son #7233 Delmar Blvd.

20. REPORTED BY J. Bredeck Local Registrar. DATE SEP 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

External hemorrhage and shock following a gunshot wound of abdomen caused by bullet fired from gun in the hands of Mary Elizabeth Hoagland about 4:05 o'clock P.M., Sept. 21,

Other contributory causes of importance: 1938, in vacant lot in rear of 3545 Marcus Avenue.

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? Accident Date of injury 9/21/1938

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. In Public Place

Manner of injury..... See Above.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....
 (Signed) Alfred Henry 4

(Address) Deputy Coroner

Foster, Parson

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Bradford A. Miles

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Bradford A. Miles

Licensed Embalmer No.

4011

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.