

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 10023

File No. 34331
Registered No. 9684

2. FULL NAME

(a) Residence. No. 2521 Locust St. St. 16 Ward. Carrollton Hill
(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 Martha Simonds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18th 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>8</u>	<u>22</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) All

10. NAME OF FATHER Rodney Simonds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER Cordelia Graves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York -

14. INFORMANT Sister M. Pachel
(Address) 2520 Chippewa St. St. Louis

15. FILED 11 19 1930 Max Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 5th, 1930, to Oct. 10, 1930, that I last saw him alive on Oct. 9th, 1930, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
12h
1930
(duration) yrs. mos. ds. 7
CONTRIBUTORY cholecystitis - cholelithiasis
(SECONDARY) Ruptured gall bladder
(duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED St. Anthony Hospital
IF NOT AT PLACE OF DEATH no
AND AN OPERATION PRECEDE DEATH? no DATE OF no
HAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) M. J. Pullman, M. D.
10-10-30 (Address) 2838 Calhoun

*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 Carrollton Hill DATE OF BURIAL 10-12 1930

20. UNDERTAKER Simpson Und. ADDRESS Carrollton Hill

