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

JUN 4 1935

Do not use this space.

15171

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No.

Registered No. 143

2. FULL NAME Robert L. Simmons

(a) Residence, No. 134 Euclid Avenue St., Ward. Webster Groves, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 12, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (C.W.A.)

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

10. Date deceased last worked at this occupation (month and year): Januery 1934

11. Total time (years) spent in this occupation: 8 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okolona, Mississippi — Mississippi

FATHER

13. NAME: Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable — Unavailable

MOTHER

15. MAIDEN NAME: Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable — Unavailable

17. INFORMANT W. C. Gibson
(ADDRESS) Vet. Adm. Facility Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE 4-16 1935

19. UNDERTAKER J. C. Lewis Und. Co.
(ADDRESS) Webster Groves, Missouri

20. FILED Apr 13 1935 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 12, 1935

I last saw him alive on April 12, 1935 Death is said to have occurred on the date stated above, at 7:40 P.m.

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

	Date of onset
Chronic nephritis complicated with uremia.	Unkn

Other contributory causes of importance:

Arteriosclerosis. Cardiac hypertrophy, marked. Anemia, symptomatic, severe.	Unkn

Name of operation None Date of -

What test confirmed diagnosis? History, physical, x-ray and laboratory findings, clinical manifestations. 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?

If so, specify

(Signed) W. C. Gibson M.D. Chief Med., M. D.

(Address) Officer Vet. Adm. Facility, Jefferson Barracks, Missouri

Edgar ave
9441
Dr Mowry
serg major
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