

No. 2  
-13-40  
17-39  
X23159

FILED NOV 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9442-36385

State File No. \_\_\_\_\_  
Registrar's No. 2071

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Overland  
(c) Name of hospital or institution: 3714-Marvin Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 2 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3714-Marvin Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Rodgers Simmons  
(b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV day 13  
year 1940 hour 4 minute 45 A. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 9, 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
3 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Acute broncho pneumonia  
primary 3 WKS.

9. Birthplace Carmi Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to 107a  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation nil  
11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name Johnnie Simmons  
13. Birthplace Bowling Green Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Pauline Comar  
15. Birthplace Carmi Illinois  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Johnnie Simmons  
(b) Address 3714-Marvin, Overland, Mo.  
17. (a) Burial (b) Date thereof 11-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fee Fee Cem.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Sammy Woodson  
(b) Address 2504 Woodson Rd. Overland, Mo.  
19. (a) NOV 4 1940 (b) J. H. Meyer  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature John O. Conell (M. D. or other) 5  
Address Corner St. Louis County 11/4/40  
Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Casket 20.00  
Surtis - 2.00  
Grave - 10.00  
Emib - 10.00  
L. to L. - 5.00  

---

\$ 7.00

**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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Oscar J. Mueller  
Licensed Embalmer No. 3089  
P. O. Address Cleveland, Ohio

**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, fact should be so stated above.**