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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5030

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1278

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community Life time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Portland Place 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mabel F. Simmons

3. (b) If veteran, name war none

3. (c) Social Security No none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Edw. H. Simmons

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 22, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, 0 Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Filley
13. Birthplace St. Louis, 0 Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Radcliff
15. Birthplace Baltimore / Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Hock
(b) Address Grosse Point, Mich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 41
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) FEB 8 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Feb
year 1941 hour 10 minute 05 a M.

21. I hereby certify that I attended the deceased from May, 1938, to Feb 7, 1941,
that I last saw her alive on Feb 7, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 wks
Hypertension	10 yrs
Due to Diabetes mellitus	10 yrs
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3720 Washington Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Holwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.