

SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: 3818 Delmar  
(d) Length of stay: In hospital or institution 39 YEARS / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 001  
(c) City or town ST. LOUIS 17  
(d) Street No. 3818 DELMAR BLVD. 199  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME LULU SIMMONS MASON

3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month AUG. day 3, year 1941 hour 1 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased UNKNOWN 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months UNKNOWN Days If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country) AT HOME

10. Usual occupation

11. Industry or business

12. Name JOHN T. SIMMONS

13. Birthplace ILLINOIS (State or foreign country)

14. Maiden name KATHERINE UNKNOWN (State or foreign country)

15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant MRS. PEARL MOORE

(b) Address 3818 DELMAR BLVD.

17. (a) BURIAL (b) Date thereof 8-5-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address AUG 4 1941 6640 GINDELL BLVD.

19. (a) (Date received local registrar) (b) J. H. ... (Registrar's signature)

Immediate cause of death Coronary thrombosis  
Due to

Other conditions  
Major findings: Of operations  
Of autopsy

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?

23. Signature (M. D. or other) 3  
Address Date signed 8/14/41

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

23  
720

*Witness  
Officer*

**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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

**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.**