

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 1770

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Wassonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Sullivan's Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1355 Hedrick Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 80 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1941 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 1 1940
to Aug 25 1941
that I last saw him alive on Aug 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease
Myocardial infarction

Due to: Chronic Myocarditis
Septic Endocarditis
Due to: Senile Dementia

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: None
Of operations: None
Of autopsy: None

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

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

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 18 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Machinist

11. Industry or business None

MOTHER FATHER { 12. Name No Record
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Simmons
(b) Address 1406 Park Place

17. (a) Burial (b) Date thereof Aug 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cem.

18. (a) Signature of funeral director W. B. Brinkley
(b) Address Cash, St. Louis, Mo.

19. (a) AUG 26 1941 (b) E. G. M. Lawrence
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (a) Means of Injury _____

23. Signature Wm. F. Simmons (M. D. or other) 2
Address 1355 Hedrick Ave. Date signed Aug 26 1941

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

600

707

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address C. Harris 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.