

FILED JUL 17 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Park Lane Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sarah Carolina 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 **Widow**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years **1854**

7. Birth date of deceased **December 19 1854**
(Month) (Day) (Year)

8. AGE: Years **88** Months **6** Days **24** If less than one day hr. min.

9. Birthplace **Unk.** **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER

12. Name **Arnold Quick**

13. Birthplace **Unk.** **Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Roda Maxfield**

15. Birthplace **Unk.** **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Simmons**

(b) Address **St. Louis, Mo.**

17. (a) **Removal** (b) Date thereof **7/5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson Co. Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 7 1943** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Jefferson**
(c) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**
year **1943** hour **1:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 23**
1943 to **July 3 1943**
that I last saw her alive on **June 30 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal pneumonia** Duration **11 days**

Due to...
Due to...
Other conditions (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?

While at work? (Specify type of place)
23. Signature **Dr. Alexander E. Harwitz**
5748 McPherson Date signed

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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..... *Albert G. Koffe*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.