V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26593

State File No.

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7197

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: Peoples Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 3311 Franklin (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Blanche Farwell Simmons

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Robert Simmons

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 5 (Day) 1914 (Year)

8. AGE: Years 30 Months 2 Days 9 ~~9-6~~ If less than one day hr. min.

9. Birthplace Texarcano Texas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Olden Farwell
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sid Farwell

(b) Address 3311 Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 18 (Day) 44 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E B Kong

(b) Address 1221 Grand Blvd

19. (a) AUG 17 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 1944 hour 11 minute 35 P M.

21. I hereby certify that I attended the deceased from 8/11 1944 to 8/14 1944 that I last saw her alive on 8-14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to

Due to Ectopic Pregnancy Ruptured

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 8230 Jefferson Date signed 8/17/44

(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 James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.