

FILED NOV 7 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9170

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1627 N. Spring Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1627 N. Spring Ave. 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Henry Simons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sallie Simons

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

7. Birth date of deceased Jan'y 2nd 1853
(Month) (Day) (Year)

8. AGE: Years 93 ~~90~~ Months 23 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Section Foreman

11. Industry or business Railroad

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Beulah Venticugie

(b) Address 1627 N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Meyer, Mo.

18. (a) Signature of funeral director Chas. A. Sull

(b) Address 4452 Washington Blvd

19. OCT 27 1946 (Date received local registrar) (b) J. A. Prederk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 1940 to Oct 24, 1946
that I last saw him alive on Oct 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 days

Due to Acute Peritonitis

Due to _____

Other conditions Smelly, Anterior Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 106

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) (e) Means of injury _____

23. Signature Am. Trail (M. D. or other) 10/27/46
Address 2416 2nd Grand Date signed _____

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

MOTHER FATHER

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 *John Kitter*.....
Licensed Embalmer No. *3880*.....
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.