

No. 2  
5-43  
17-39  
X38671

FILED DEC 17 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10321

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: Barnes Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
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. 4557 San Francisco  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Harry Simmons  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 493-10-3489

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Oakes Simmons  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased December 5 1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Mailer

11. Industry or business \_\_\_\_\_

12. Name John D. Simmons

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

14. Maiden name Carrie Hutchins

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

16. (a) Informant Mary L. Simmons

(b) Address 4557 San Francisco Ave.

17. (a) Burial (b) Date thereof 12/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Street-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 3 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
year 1946 hour 8 minute 000 M.

21. I hereby certify that I attended the deceased from Nov. 26 1946 to Dec. 2 1946  
that I last saw h. in alive on December 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Remarriage

Due to Peptic ulcer

Due to 117

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Gastrectomy for peptic ulcer as above  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 FR Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 12-2-46

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

*[Handwritten signature]*

**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 *Ben C. Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *W. C. Moore mo*

**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.**