FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18020 / 4451

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 921 N. 19th ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 921 N. 19th ST (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME MARY SIMMONS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FEMALE 2
5. Color or race COLORED 3
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife HORACE SIMMONS
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 10 (Month) 25 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	11	hr. min.

9. Birthplace BIRMINGHAM (City, town, or county) ALA. (State or foreign country) 1
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name FRANK YOUNG
13. Birthplace BIRMINGHAM (City, town, or county) ALA (State or foreign country) 1
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant HORACE SIMMONS
(b) Address 921 N. 19th ST. 1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEM.
18. (a) Signature of funeral director A. F. WALTON
(b) Address 2707 STODDARD ST.
19. (a) MAY 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6th year 1948 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from March 3rd, 1948, to May 6, 1948, that I last saw her alive on May 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant tumor Upper Abdomen	3 mos.
Due to Umbilical Hernia	2 mos
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operation Large diffuse tumor Abdomen
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 4069 Easton Ave Date signed 5/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Embalmers Separate Cert filed MAY 12 19

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.