300
-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31435

Primary Registration District No. 1003

Registrar's No. 7973

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ mos (Specify whether
In this community
years, months or days)

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")

(d) Street No. 2701 Franklin
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anthony Simmons

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 19, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	20	hr. min.

9. Birthplace Carondelet, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business

FATHER
12. Name Maryland Simmons
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine ?
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Simmons
(b) Address 2701 Franklin

17. (a) Burial (b) Date thereof 9/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Boulevard

19. (a) SEP 11 1948 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1948 hour 9 minute 45 p M.

21. I hereby certify that I attended the deceased from 6-25, 1948 to 9-8, 1948
that I last saw him alive on Sept. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach with Extensive Metastases	Undet.
Due to	
Due to	

Other conditions Cerebrovascular Accident
(Include pregnancy within 3 months of death)
(Metastatic) ?

Major findings:
Of operations
Of autopsy None

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature Charles K. Wrenn (M. D. or other)
Address 601 N Whittier Date signed 9/9/48

(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 Clark Young Jr.

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.