

BIRTH NO. <b>318</b>		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar No. <b>3307</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>1-17-49</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) OR TOWNSHIP <b>Life time</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>21 Westmoreland Pl.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>21 Westmoreland Pl.</b>				d. STREET ADDRESS (If rural, give location) <b>21 Westmoreland Pl.</b>					
3. NAME OF DECEASED (Type or Print) <b>Virginia W Simmons</b>			4. DATE OF DEATH <b>April 12, 1949</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb'y 16, 1883</b>			
9. AGE (in years last birthday) <b>66</b>		10. MONTHS <b>66</b>		11. IF UNDER 1 YEAR Days <b>66</b>		12. IF UNDER 24 HRS. Hours <b>66</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Richard Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>George W. Simmons</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Richard W. Simmons, Chicago, Ills.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolism to right cerebrum and spleen</b>				DUE TO (b) <b>Rheumatic heart disease, mitral and aortic</b>				<b>36 hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Amputation right leg and foot</b>				<b>over 20 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Amputation left index finger and thumb</b>				<b>2 weeks</b>	
19a. DATE OF OPERATION <b>March 30, 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gangrene and arterial thrombosis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>March 11, 1947</b> , to <b>April 12, 1949</b> , that I last saw the deceased alive on <b>April 12, 1949</b> , and that death occurred at <b>3:06 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H. Baumgartner M.D.</b> (Degree or title)				23b. ADDRESS <b>3720 Washington Blvd., St. Louis</b>		23c. DATE SIGNED <b>4/12/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 13, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 13 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagoner Mortuary, 4161 Lindell Blvd.</b>					

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert T. Sanjeter

Licensed Embalmer No. 4290

P. O. Address St. Louis, 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.