

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21688
4794

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>California</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Los Angeles</u>		999 4 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospitals</u>				d. STREET (If rural, give location) ADDRESS <u>13307 Crocker Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Amelia</u>		c. (Last) <u>Woods Simms</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May, 30, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>9/24/109</u>	
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Memphis, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Benjamin Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Wyatt</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert Simms</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frances King</u>				ADDRESS <u>2630a Belleglade Ave</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Weeks</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>HOA</u>		1934X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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 <u>May 2nd, 1949</u> , to <u>May 30th, 1949</u> , that I last saw the deceased alive on <u>May 30th, 1949</u> , and that death occurred at <u>7:25 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>822a N. Jefferson</u>	
23c. DATE SIGNED <u>5/31/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>		DATE REC'D BY LOCAL REG. <u>JUN 1 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u>	
ADDRESS _____		ADDRESS <u>4107 Finney Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

~~John K. Cunningham~~

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Thomas Carter

Signed.....
Student Embalmer

Licensed Embalmer No. ~~4476~~ ⁴⁴⁵⁹

P. O. Address 4107 Finney Ave

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.