

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21693

State File No. 4893

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baden Station</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Louis Children's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>NR - R#3, Box 338</u>				
3. NAME OF DECEASED (Type or Print) <u>Thomas Porter</u>			a. (First)		b. (Middle) <u>Simons</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>3</u>		(Year) <u>49</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>7-12-43</u>		
9. AGE (in years last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>Harold J. Simons</u>			13b. MOTHER'S MAIDEN NAME <u>Ethel Dowdy</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold J. Simons, #9 Lakeview, Northdale</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>thrombocytopenic purpura</u>  ANTECEDENT CAUSES Morbid 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>72a</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2196X</u>				
22. I hereby certify that I attended the deceased from <u>5-10</u> , 19 <u>49</u> , to <u>6-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-3</u> , 19 <u>49</u> , and that death occurred at <u>4:30</u> A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William G. Klingberg MD</u>				23b. ADDRESS		23c. DATE SIGNED <u>6-4-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/6/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>JUN 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Paster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>				

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

4893

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**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.

Signed John A. Mlinar

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4186

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.