S. No. 300
10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

11102

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2398

**1. PLACE OF DEATH**
a. COUNTY ~~Homer Phillips Hospital~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOMER G. PHILLIPS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 18 - 524 S. Montrose

**3. NAME OF DECEASED** (Type or Print) a. (First) Frank b. (Middle) c. (Last) Simmons

**4. DATE OF DEATH** (Month) 3 (Day) 9 (Year) 50

5. SEX male
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12 March 1899
9. AGE (In years last birthday) 50 — If under 1 year: Months 11, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lustons & Sons Laborer
10b. KIND OF BUSINESS OR INDUSTRY Junk yard
11. BIRTHPLACE (State or foreign country) Starksville, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Willie Simmons
13b. MOTHER'S MAIDEN NAME Dorothy
14. NAME OF HUSBAND OR WIFE Geraldine Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Gerline Simmons ADDRESS

**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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Labor Pneumonia
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 ☑ NO ☐

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) 490X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 830A m., from the causes and on the date stated above.*

23a. SIGNATURE Alfred Perry Deputy Coron (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 3/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 14 March 50
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St Louis, Mo.

DATE REC'D BY LOCAL REG. MAR 13 1950
REGISTRAR'S SIGNATURE J B Lasalee
25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nosh ADDRESS 3847 Page

(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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed C. J. Nash

Signed .....
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 384 Page

**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.**