

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. \_\_\_\_\_  
Registrar's No. 751

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY <u>Enroute to Homer Phillips</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Homer Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>1537<sup>1/2</sup> R. So. 2nd St</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>SIMMONS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 18, 1887</u>		9. AGE (In years, if under 1 year, state birthday) Months Days Hours Min. <u>43 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ALEXANDRIA, Va.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Emma Brown Simmons</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Brown Simmons</u>		ADDRESS <u>1537<sup>1/2</sup> R. So. 2nd St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</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 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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11:20 AM 1/21/51</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11:20 AM</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>1/11/51</u> , 19____, and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Old Perry O'Connell</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	
24d. LOCATION (City, town, or county) (State) <u>Demay Mo.</u>		DATE REC'D BY LOCAL REG. <u>JAN 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Leaster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. H. Burks</u>		ADDRESS <u>212 Cornell</u>			

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 My

Self Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

John J. Yandell

Licensed Embalmer No. 4243

P. O. Address Webster, Louisiana

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.