No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36848

BIRTH NO. FILED NOV 14 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9694

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Childrens Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 8241 Jefferson - Vinita Pk

4270

3. NAME OF DECEASED (Type or Print)
a. (First) Rodney
b. (Middle) Ephram
c. (Last) Simmons III

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 1-13-43
9. AGE (In years last birthday) 9 — IF UNDER 1 YEAR Months 10 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) St. Louis - Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rodney E. Simmons Jr
13b. MOTHER'S MAIDEN NAME Wilma Hamann
14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME R. A. Woorman 500 S. Kings Hwy — 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) Cerebral Damage due to anoxia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Laryngeal Edema — 12 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Minimal atelectasis

19a. DATE OF OPERATION 10-9-52
19b. MAJOR FINDINGS OF OPERATION Tracheotomy: Edema of Larynx
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 517X

22. *I hereby certify that I attended the deceased from* 10-9, 1952, *to* 10-20, 1952, *that I last saw the deceased alive on* 10-20, 1952, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John C. Herweg M.D.
23b. ADDRESS St. L. Children's Hospital
23c. DATE SIGNED 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem'l
24d. LOCATION (City, town, or county) St. Louis Co., (State) Mo.

DATE REC'D BY LOCAL REG. OCT 21 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD MB
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. — ADDRESS 6175 Delmar

(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.

Student .....
Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.