No. 300
10-48

MED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44088

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3312

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kinloch
c. LENGTH OF STAY (in this place) 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1122 Fifth Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kinloch
d. STREET ADDRESS (If rural, give location) 1122 Fifth Avenue

3. NAME OF DECEASED (Type or Print) a. (First) TURNER b. (Middle) SIMMONS c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1952

5. SEX Male

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 15 Jan 1880

9. AGE (In years last birthday) 72 — 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) Porter

10b. KIND OF BUSINESS OR INDUSTRY Automotive

11. BIRTHPLACE (State or foreign country) Martin, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas Simmons

13b. MOTHER'S MAIDEN NAME Sarah Ann Mc Cain

14. NAME OF HUSBAND OR WIFE Octavia Simmons

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. 189 14 2609

17. INFORMANT'S SIGNATURE OR NAME Octavia Simmons, Kinloch Mo 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12-20-52 (12-22-52)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chr myocarditis — 1948

DUE TO (c) Arteriosclerosis — 1945

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

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)

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* 12-20-, 1952, *to* 12-22-, 1952, *that I last saw the deceased alive on* 12-22-, 1952, *and that death occurred at* 11 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Roy Johnson MD

23b. ADDRESS Ferguson Mo

23c. DATE SIGNED 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 27 Dec 52

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) Berkeley, Mo.

DATE REC'D BY LOCAL REG. 12-27-52

REGISTRAR'S SIGNATURE Herbert R. Domke - MD

25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros Kinloch, Mo. ADDRESS

(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 Edward A. Flynn

Licensed Embalmer No. 4444

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.