

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17303**
4323

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).			
b. CITY OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>Riverview Mo</i>		b. COUNTY <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Baptist Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>1218 Woodland Dr</i>			

3. NAME OF DECEASED (Type or Print) FRANK URBAN SIMMONS			4. DATE OF DEATH (Month) (Day) (Year) May 12 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8 - 1882	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR 1	11. UNDER 6 HRS. 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Travel & Sales Comm</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Moberly Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Louis Simmons</i>	13b. MOTHER'S MAIDEN NAME <i>Ida Smith</i>	13c. NAME OF HUSBAND OR WIFE <i>Terese Simmons</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>Terese Simmons</i>	ADDRESS <i>1218 Woodland Dr</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Paradox decompression -</i>		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) <i>pericardial adhesions causing intestinal obstruction.</i>		
	DUE TO (c) <i>relieved by operation</i>		
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 <i>pericardial (Spleen) adhesions causing - intestinal obstruction</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5705
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22. I hereby certify that I attended the deceased from **Apr 17, 1954**, to **May 12, 1954**, that I last saw the deceased alive on **May 12, 1954**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ed Keller M.D.</i>	23b. ADDRESS <i>3121 Nevada</i>	23c. DATE SIGNED 5-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Remove</i>	24b. DATE May 15 1954	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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DATE REC'D BY LOCAL REG. MAY 14 1954	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Brockway</i>	ADDRESS <i>6536 Clayton Rd Riverview Mo</i>
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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.....
Signature of Student Embalmer

Signed *John J. Haines*.....

Licensed Embalmer No. *4116*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.