

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25237

State File No.

318

1003

Registrar's No. 7197

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>1615th CARVER LANE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u>		b. (Middle) _____		c. (Last) <u>SIMMONS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-54</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-15-1901</u>		9. AGE (In years last birthday) <u>53 YRS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS TENN</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>ROBERT MARSHALL</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie JONES</u>	
14. NAME OF HUSBAND OR WIFE <u>James 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>James Simmons</u>		17. ADDRESS <u>1615 Carver Lane</u>		18. CAUSE OF DEATH	
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.		19. DATE OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. MEDICAL CERTIFICATION	
21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>(cardio-traumatic)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>465X</u>		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 <u>855 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree of title) _____	
23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/28/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>8-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO</u>	
DATE REC'D BY LOCAL REG. <u>AUG 4 1954</u>		REGISTRAR'S SIGNATURE <u>J. E. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. A. F. WALTON</u>	
25. ADDRESS <u>2707 STODDARD ST.</u>		26. _____		27. _____	

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.