

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32204

State File No.

FILED SEP 16 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8080

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| 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) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>St Louis</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u> | | d. Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>0</u> | |
| | | e. STREET ADDRESS (If rural, give location) <u>2413 Coleman</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Will</u> | a. (First) | b. (Middle) | c. (Last) <u>Simmons</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 30 54</u> |
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| 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>12-12-1889</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |
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| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS LANNIE SIMMONS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>LANNIE SIMMONS</u> | ADDRESS <u>2901 THOMAS</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Undt. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>162X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 7-20, 1954, to 8-30, 1954, that I last saw the deceased alive on 8-30, 1954, and that death occurred at 9:50A m., from the causes and on the date stated above:

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| 23a. SIGNATURE <u>Hugh Waters</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>2601 N. Whittier</u> | 23c. DATE SIGNED <u>8-31-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>9-4-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u> |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 1 1954</u> | REGISTRAR'S SIGNATURE <u>Carlos Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Bennie Dove</u> | ADDRESS <u>3103 Washington</u> |
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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 *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575A*

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.