

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35163

State File No. 8994

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.								
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 20 2533 Warren St.				2010						
3. NAME OF DECEASED (Type or Print) THOMAS			a. (First)			b. (Middle)			c. (Last) SIMONTON			4. DATE OF DEATH (Month) (Day) (Year) OCT. 12, 1955.		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH March 7 1898		9. AGE (in years last birthday) 57		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) Power Eng				10b. KIND OF BUSINESS OR INDUSTRY Koch Hospital				11. BIRTHPLACE (City and State or Foreign Country) Atlanta Ga.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Nathaniel Simonton				13b. MOTHER'S MAIDEN NAME (Unknown)				14. NAME OF HUSBAND OR WIFE Helena (Becker) Simonton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. W.W. 1 497-07-5360			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helena Simonton 2533 Warren St.								
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Teratoid Carcinoma</u> DUE TO (c) <u>Origin Not Determined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 199.9								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 <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 <u>10-12</u> , <u>1955</u> , to <u>OCT. 12</u> , <u>1955</u> , that I last saw the deceased alive on <u>10-12</u> , <u>1955</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>H.A. Kalvelin MD.</u>				(Degree or title)				23b. ADDRESS 1515 LAFAYETTE AVE.			23c. DATE SIGNED 10-13-55.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/17/55		24c. NAME OF CEMETERY OR CREMATORY Nat. Cem. Jeff. Bks			24d. LOCATION (City, town, or county) (State) St. Louis Mo.							
DATE REC'D BY LOCAL REG. OCT 15 1955		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy Mortuary 2228 St. Louis Mo.								

(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.....
Signature of Student Embalmer

Signed *Bill C. Ransom*.....
Licensed Embalmer No. *476*

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.