

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030963
State File No. 8523

FILED SEP 11 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8523

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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 OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (In this place) <u>40 Years</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>01 HOSPITAL OR INSTITUTION 3343 Aubert Ave., 15,</u> | | STREET ADDRESS (If rural, give location) <u>20690 3343 Aubert Avenue, 15</u> | |

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|-------------------------------------|---------------------------|-------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CHARLES</u> | b. (Middle) <u>CARL</u> | c. (Last) <u>SIMMONS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 5th, 1958</u> |
|-------------------------------------|---------------------------|-------------------------|--------------------------|---|

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| 5. SEX <u>Male 0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 22, 1893</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marquand, Missouri 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles Simmons</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Julia Simmons, 3343 Aubert Ave.</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) <u>No None</u> | 16. SOCIAL SECURITY NO. <u>490-36-9199A</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Julia Simmons, 3343 Aubert Avenue, 15</u> | ADDRESS |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocardial Degeneration</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> | | |
| | DUE TO (c) <u>-</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Urinary calculi, chr. Prostatic Hypertrophy</u> | | <u>years</u> |

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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>2</u> |
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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? |
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22. I hereby certify that I attended the deceased from 1956, 19 , to 9/5/58, 19 , that I last saw the deceased alive on 9/4/58, 19 , and that death occurred at 9 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. William Poehl, M.D.</u> (Degree or title) | 23b. ADDRESS <u>4930 Audell Bl.</u> | 23c. DATE SIGNED <u>9/5/58</u> |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal-Motor</u> | 24b. DATE <u>9/8/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>SEP 6 '58</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith - M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Friday Afternoon sure.

To be picked up by Feutz man
Sat. AM

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 *Ralph C. Zanders*.....

Licensed Embalmer No. *4275*.....

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.