

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046322

State File No. 12457

FILED JAN 5 1959

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) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4206 W Maffitt	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27 Homer S. Phillips		4. DATE OF DEATH (Month) (Day) (Year) 12-22-58	
3. NAME OF DECEASED (First) (Middle) (Last) Birdie Mae Simmons		5. SEX FEM ³	
6. COLOR OR RACE Colored		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 3/21/1902		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Keeper	
11. BIRTHPLACE (City and State or Foreign Country) Vaughan Miss.		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Alonso Small		13b. MOTHER'S MAIDEN NAME Julia Minon	
14. NAME OF HUSBAND OR WIFE Earnest Simmons		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 ADDRESS	

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 12-20-58
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Hypertension (Essential) 1944		
DUE TO (c)		331X	
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	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)	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 Feb. 1952, to Dec. 20, 1958, that I last saw the deceased alive on Dec. 20, 1958, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE R. Sheard, M.D. (Degree or title)		23b. ADDRESS 2702a Franklin 2702a Franklin		23c. DATE SIGNED 12-23-58	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/28/58	24c. NAME OF CEMETERY OR CREMATORY Plainville	24d. LOCATION (City, town, or county) Home County	24e. (State) Miss.	
DATE REC'D BY LOCAL REG. DEC 24 58	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS No. 2 Geo. W. Bruce 4469 Washington			

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

(Licensed Embalmer's Statement on Reverse Side)

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 Frederick P. Stark

Licensed Embalmer No. 4599

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