MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2898

Township ..... Primary Registration District No. 1003 Registered No. E 483

City St Louis (No. St Luke's Hospital St. ..... Ward)

2. FULL NAME Valeska C Simmons

(a) Residence. No. 533 Hamilton St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William J Simmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22nd 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Wm Schoenbach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: W. J. Simmons
(Address) 533 Hamilton

15. FILED JAN 14 1927 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-13 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Jan 13, 1927 that I last saw her alive on Jan 13, 1927, and that death occurred, on the date stated above, at 11 55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hematemesis
1120
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Polycythemia Vera
(duration) 6 yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NR DATE OF
WAS THERE AN AUTOPSY? NR
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank R Finnigan M.D.
1/14, 1927 (Address) 3701 Westminster

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Detroit Mich
DATE OF BURIAL: 1-15 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3701 Westminster