WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

27823

1. PLACE OF DEATH

County ..... Registration District No. 790 File No. .....

Township ..... Primary Registration District No. 5003 Registered No. 7654

City St. Louis, Mo., (No. U.S. Marine Hospital, 3640 Marine Ave., St. 10 Ward)

2. FULL NAME John Simmons

(a) Residence, No. 7417 Nottingham St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Edna Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21, 1874

7. AGE: 58 YEARS, MONTHS: 2, DAYS: 1. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain aboard river steamers.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 129

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill. 2

FATHER

13. NAME Mat Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 21

17. INFORMANT (ADDRESS) W. L. Corey U. S. Marine Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Aug 25, 1932

19. UNDERTAKER (ADDRESS) Ky Leidner Und Co 1417 N. Market St.

20. FILED AUG 23 1932 19 Max O. Hartley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, 19, to Aug. 22, 1932, 19

I last saw him alive on Aug. 22, 1932, 19 Death is said to have occurred on the date stated above, at 10:22 A.M.

The principal cause of death and related causes of importance were as follows:

Combined sclerosis of spinal cord (2 years and 6 Mo. from history) — Date of onset

81

Other contributory causes of importance: Valvular heart disease, mitral insufficiency. Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical and laboratory Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: No

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. L. Corey, A. A. Surg. USPHS, M. D.

(Address) U. S. Marine Hospital, St. Louis, Mo.

Certified: DJ Pacher. Med. Off. in charge

Red iron
[illegible]