

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.

MAY 13 1935

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**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Deaconess Hospital**)

14769
File No.
Registered No. **3607**
St. Ward)

2. FULL NAME

Frank Glenn Simmons

(a) Residence, No. **4116 Easton** St., **11** Ward.

(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 2 1904**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington, Mo.**

MOTHER FATHER
13. NAME **Charles Simmons**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington, Mo.**

MOTHER FATHER
15. MAIDEN NAME **Ella Rosewell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington, Mo.**

17. INFORMANT (ADDRESS) **C. E. Simmons 4116 1/2 Easton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **April 22 1935**

19. UNDERTAKER (ADDRESS) **C. Hoffmeister N. E. Co. 7814 So. Broadway**

20. FILED 19 **J. F. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20 1935**
22. I HEREBY CERTIFY, That I attended deceased from **april 20 1935** to **april 20 1935**
I last saw him alive on **april 20 1935**. Death is said to have occurred on the date stated above, at **4:10 P. M.**
The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia
108
Other contributory causes of importance: **acute Nephritis**
Date of onset

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
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) **Ralph Thompson**, M. D.
(Address) **3606 Kansas**

Secession. Hop.