

FEB 11 1936

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. 1000
City..... St. Louis (No. 5133 Terry Ave.) St. Ward)

3746

File No.
Registered No. 997
St. Ward)

2. FULL NAME Dewitt Simmons
(a) Residence, No. 5133 Terry Ave. St. 6 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. L. Public Service
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) Tenn.13. NAME R. J. Simmons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Wm. H. Niebuhr
5133 Terry Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ills. DATE Jan. 30th 193619. UNDERTAKER (ADDRESS) Wrethmann Nana
1905 Union Blvd20. FILED Jan 29 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 2:10 P.M.

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

Acute Stenosis, Mitral Regurgitation, Cardiac Hypertrophy
Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes23. 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?
If so, specify.....(Signed) Harold P. King, M. D.
Dr. King
(Address).....

