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.

DEC 3 1936

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

Do not use this space.

42782

File No. 11333
Registered No.

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 6620a Macklind Avenue St. Ward)

2. FULL NAME William Thomas Simmerly
(a) Residence, No. 6620a Macklind Avenue St., 2 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Bell Simmerly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 22n 1865

7. AGE: Years 71 | Months 8 | Days 21 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Tennessee

FATHER
13. NAME: William Simmerly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Loraine Will
(ADDRESS) 6621a Macklind Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE November 14, 1936

19. UNDERTAKER: Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED NOV 14 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 11, 1936
I last saw him alive on Nov 11, 1936. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | |

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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?
If so, specify
(Signed) Max Starkoff, M. D.
(Address) 5712 Delmar