

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

Do not use this space.

MAY 7 1937

14149

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS MO** (No. **2602**, **PINE ST**) St. Ward) **3645**

2. FULL NAME **WILL SIMMS**

(a) Residence, No. **2602 Pine** St., **21** 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 COL.D	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) NOT KNOWN		
7. AGE YEARS	MONTHS	DAYS
ABOUT 57		
If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **LABORER**

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

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) **VIRGINIA**

13. NAME **NOT KNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NOT KNOWN**

15. MAIDEN NAME **NOT KNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NOT KNOWN**

17. INFORMANT **CARL JOHNSON**
 (ADDRESS) **2625 TAYLOR AVE**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **FATHER DICKSON** DATE **APRIL 5 1937**

19. UNDERTAKER **A. L. BEAL UND CO**
 (ADDRESS) **2726 1/2 AS**

20. FILED **APR 5 1937**
J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 15TH 1937**
 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 **12:49 p.m.**
 The principal cause of death and related causes of importance were as follows:

Carbolic Acid Poisoning (Phenol) self administered at Working Men's Hotel 2602 Pine St. about 12:40 P.M. on 3/15/37

Other contributory causes of importance: **3/15/37**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **suicide** Date of injury **3/15/1937**
 Where did injury occur? **St. Louis** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **At Working Men's Home 2602 Pine**
 Manner of injury.....
 Nature of injury **See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **Alfred Perry** M.D.
 (Address) **2726 1/2 AS**

OCCUPATION 494
 MOTHER 2
 FATHER 3
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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.

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