

JAN 12 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10545

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer S. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME John Arthur Simmons
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Carl 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 26 1938
(Month) (Day) (Year)

8. AGE: Years _____ Months 14 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Geroy Simmons
13. Birthplace St Louis (City, town, or county) (State or foreign country)
14. Maiden name Constance Spencer
15. Birthplace Callersville (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Constance Simmons
(b) Address 2931 Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-39
(Month) (Day) (Year)

18. (a) Signature of funeral director Washing to Park
(b) Address 2625

19. (a) DEC 9 1939 (Date received local registrar) (b) J. B. Butler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St Louis
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2931 Pine
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1939 hour 3 minute 10 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation Duration _____
by piecey saws in pharynx
given by the three great
old brothers that home
2931 Pine St. St. Louis
Due to _____
Due to 7 1939 about 2:39 pm

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 7 1939
(c) Where did injury occur? St Louis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? NO (Specify type of place) _____
(Specify means of injury) _____

23. Signature Joseph M. Lussier
Address _____ Date signed _____

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *D. J. P. March*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.