

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13659

BUREAU OF THE CENSUS
MAY 15 1940

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3861**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Farmington** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Rendell Simms** **520**

8. (b) If veteran, name war. **No.** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Doris Simms** 6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **March 29 1915**
(Month) (Day) (Year)

8. AGE: Years **25** Months **1** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Farmington Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Gas Station Employee**

11. Industry or business _____

12. Name **W. Frank Simms**

13. Birthplace **Elvins Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Joyce Hughes**

15. Birthplace **Bonne Terre Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. Frank Simms**

(b) Address **Farmington, Mo.**

17. (a) **Removal** (b) Date thereof **5-1-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **APR 29 1940** (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1940** hour **7:00 AM**

21. I hereby certify that I attended the deceased from **4/30** 19**40** to **4/29** 19**40**
that I last saw him alive on _____ 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Streptococcus**
Septicemia
due to pneumonia
Due to **Non tubercular**

Other conditions (Include pregnancy within 3 months of death) **154**

Major findings: Of operations **Full in**
Of autopsy **of pneumonia**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **Carried away from**
(c) Where did injury occur? **Child's bed**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. F. S. Simms** (M. D. or other) _____
Address **4932 Maryland** Date signed _____

Duraton

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Albert W. Wapke

Licensed Embalmer No.

1861

P. O. Address _____

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

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