

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 755

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No. 8 Darst Road
(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

3. (a) PRINT FULL NAME Gussie Simroe

3. (b) If veteran, name war _____ 3. (c) Social Security No. unk

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months _____ Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Saleslady

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Simroe

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

14. Maiden name Elizabeth Mester

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. Simroe

(b) Address 225 Gambian Ave. St. Louis

17. (a) Burial (b) Date thereof Apr. 7 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Kraeger, Voss - Fix, Inc

(b) Address 3402 No. Kingshighway

19. (a) APR 5 1941 (b) J.R. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. No. 8 Darst Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3/25, 1941, to 7/4, 1941, that I last saw her alive on 4/4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 da.
Due to Chr. Myocarditis ?

Due to _____
Other conditions asthma 15 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (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 Geo. Hughes (M. D. or other) _____
Address Ferguson Mo Date signed _____

PLEASE PRINT IN BLACK INK—MAKE 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.

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 Guy W Wilkerson
Licensed Embalmer No. 3575

P. O. Address.....

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.