No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33132

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8086

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4239 Cook
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes name country

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3. (a) PRINT FULL NAME Christine Brooks Simmons

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 3

5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ALBERT SIMMONS

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased AUG (Month) 22 (Day) 20 (Year)

8. AGE: Years	Months	Days	If less than one day
21	3	16	— hr. — min.

9. Birthplace SHANNON MISSIPPI 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name ZACK BROOKS
13. Birthplace SHANNON MISS 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AMIE HARVEY
15. Birthplace OKLONA MISS. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Burial Hayes
(b) Address 3001 HAMDIN AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10 10 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Tupelo, MISS.

18. (a) Signature of funeral director Smith Funeral Home
(b) Address 4247 N Lyndale

19. (a) OCT 10 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6, 1941
year hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1941, 19, to Oct. 6, 19 41, that I last saw her alive on Oct. 6, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Prob. 8 mos.
Due to	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M.D. or other)
Address 2601 N. Whittier Date signed 10-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114.

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, fact should be so stated above.