S. No. 2
—1-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4961

Primary Registration District No. 1003

Registrar's No. 1589

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
2717a Lucas ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community about 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2100

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2717a Lucas Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Simmons

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife Joe Simmons

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept. (Month) 3 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
30	4	20	hr. min.

9. Birthplace Vicksburg (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name Sam Bass
13. Birthplace Natchez (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Nancy Ford
15. Birthplace Natchez (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Joe Simmons
(b) Address 2717a Lucas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cmty

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) FEB 20 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1942 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from 2-15-42 to 2-19-42, 1942, and that I last saw her alive on 2-19-42, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy

Due to Cong. Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. G. Wolkhan (M. D. or other)
Address 1001 Jefferson St. Date signed 2-20-42

(Licensed Embalmer's Statement on Reverse Side) Noel Hall

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 L. Bay

....., Registered Apprentice No. ..... Md ....., working under my personal supervision.

Signed: Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis Mo

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.