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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4962

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1580

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 003

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

(d) Street No. 1111a Paul Street 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rhoda Simms

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white 2

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

6. (b) Name of husband or wife Willis

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

7. Birth date of deceased November (Month) 24 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	2	25	hr. min.

9. Birthplace Elvins, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name John Whaley 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Melvin Simms
(b) Address 1111a Paul Steeet

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1942 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from January 25, 1942 to February 19, 1942 that I last saw him alive on February 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemolytic Streptococcic Septicemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) J H

Major findings:
Of operations 36

Of autopsy Post-refused

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) No

(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 0

23. Signature J. de la Tonne MD (M. D. or other)

Address 1215 Lafayette Avenue, Date signed 2/19/42

(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 Charles L. Neighbors, Registered Apprentice No. 319, working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.