

FILED JUN 10 1942

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4695**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 11 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3225 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Ira Clarence Simmons
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27,
year 1942 hour 2:30 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September 9, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22, 1942 to April 27, 1942
that I last saw him alive on April 27, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 7 18 hr. min.

Immediate cause of death Chemia
Due to Prostatic Hypertrophy
Due to _____
Other conditions Chronic urethritis
Cataract of Eye
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Unknown
12. Name Bart Simmons
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Hughes
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital
17. Anatomical Dept (b) Date thereof 5-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. Partridge
(b) Address 3500 Rutger
19. (a) MAY 29 1942 (b) _____
(Date received local registry) (Registrar's signature)

23. Signature [Signature] (M. D. of other) _____
Address 315 Lafayette Avenue Date signed 4-27-42

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

30
17
9

194

4695

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16671
Registrar's No. 4695

Registration District No.

Primary Registration District No.

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:
St Louis City Hosp
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 15 yrs
years, months or days)

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. 2223 Montgomery St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ira Clarence Simmons

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Sept 9- 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 1 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. JUL 17 1942 (Date received local registrar) (b) J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 1942 year. hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from.....
that I have a law health certificate on file on.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

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?

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-16671