

FILED NOV 23 1942

318

1003

Registration District No. ....

Primary Registration District No. ....

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

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:  
**Mo. Baptist Hospital**  
(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)

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..... **4416a Chouteau Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Raymond Simons**

3. (b) If veteran, name war..... **None**  
3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Ella Simons**  
6. (c) Age of husband or wife if alive..... **44** years  
7. Birth date of deceased..... **July 19th 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**42** **3** **28** hr. min.

9. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Chauffeur**

11. Industry or business.....

12. Name..... **Joseph Simons**  
13. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Ella Shoults**  
15. Birthplace..... **U.S.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Ella Simons**  
(b) Address..... **4416a Chouteau Ave.**

17. (a) **Burial** (b) Date thereof..... **11-19-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Zion Cemetery**  
**Kriegshauser Mortuar**

18. (a) Signature of funeral director.....  
(b) Address..... **4228 So. Kingshighway Blvd.**

19. (a) **NOV 17 1942** (b) **J. F. Beedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **16th**  
year..... **1942** hour..... **5:15** minute..... **P.M.** M.

21. I hereby certify that I attended the deceased from.....  
**Nov 9**, 1942, to..... **Nov 16**, 1942  
that I last saw him alive on..... **Nov 16**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Paralytic ileus** 11 days  
**Pertontitis** 11-12 day  
**Hangrenous appendicitis**  
Other conditions..... **none**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations..... **Hangrenous appendicitis**  
Of autopsy..... **Paralytic ileus & Localized Pertontitis**  
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..... **Prison C. Hall** (M. D. or other)  
Address..... **3902 Lafayette** Date signed..... **11/17/42**

---

---

**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.....

*Richard W. Storison*

Licensed Embalmer No.....

*4007*

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.**