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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23429

Registrar's No. 6264

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: 2651 St. Vincent
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 723
(If outside city or town limits, write "RURAL")

(d) Street No. 2651 St. Vincent
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Melia Jane Simmons

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 4 - 19 - 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	2	23	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

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

MOTHER
14. Maiden name Nancy Jane Price
15. Birthplace Wayne County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Simmons

(b) Address 2651 St. Vincent

17. (a) Motor (b) Date thereof July 15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 14 1944 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1944 hour 10 minute 45 a.M.

21. I hereby certify that I attended the deceased from Feb 15 1944 to July 12 1944
that I last saw her alive on July 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Breast (Metastis gastric

Due to 50

Due to

Other conditions Acute Myocarditis 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 years

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 0

23. Signature W Salisbury (M. D. [redacted])

Address 3258 Lafayette Date signed 7/14/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 23, 7 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.