. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4830

State File No. 1122

FILED FEB 16 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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17
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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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo; 12 days (Specify whether
In this community 43 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 200
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17 18
(d) Street No. 3117½ Clark 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anne Simmons
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife RICHARD SIMMONS.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 7 (Month) – 30 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
50	0	2	11 hr. 05 A.M. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Otis Mason
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Anna Harrison
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant RICHARD SIMMONS
(b) Address 3117½ CLARK
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director G. H. Harrison
(b) Address Lowton
19. (a) FEB 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1945 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from December 21, 1944 to February 2, 1945;
that I last saw her alive on February 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Cardiac Decompensation	Unknown
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 B. F. Murphy (M. D. ~~another~~)
Address 2601 N Whittier Date signed 2-3-45

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard.

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.