

**FILED** NOV 10 1945  
Registration District No. **318**

Primary Registration District No. **1003** Registrar's No. **9386**

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:  
Park Lane Memorial 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..... Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis **96**

(c) City or town..... Ferguson  
(If outside city or town limits, write "RURAL") **NR 2**

(d) Street No..... Route # 10  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **1**  
If yes, name country.....

3. (a) PRINT FULL NAME..... Margaret Rose Simmons

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

4. Sex..... F / 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Widowed

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

7. Birth date of deceased..... Oct. 13 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>14</u>	hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Theodore Pullis

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

14. Maiden name..... Kathleen Franklin

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

16. (a) Informant..... Mrs. John Capra

(b) Address..... Ferguson, Missouri

17. (a) Burial (b) Date thereof..... 10/31/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director..... White Funeral Home

(b) Address..... Ferguson, Missouri

19. (a) OCT 30 1945 J. F. Brebeck  
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 27  
year..... 1945 hour..... 10 minute..... 45 P. M.

21. I hereby certify that I attended the deceased from..... Oct 19 1945 to..... Oct 27 1945  
that I last saw her alive on..... Oct 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death..... Infective dysentery

Due to.....

Due to.....

Other conditions..... 27  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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) (Means of injury)

23. Signature..... Clayton P. Lane (M. D. or other)

Address..... 766 Walton Date signed..... 10/30/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. M. White* .....

Licensed Embalmer No. *3973* .....

P. O. Address *Meriden, Conn.* .....

**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.**