

FILED JUN 10 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1199

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmonds Heights Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7712 St Albins  
(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

3. (a) PRINT FULL NAME Charles Elmer Simma

3. (b) If veteran, name war World War #2

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec (Month) 12 (Day) 1912 (Year)

8. AGE: Years 33 Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Insurance Auditing

11. Industry or business Maryland Ins Co

12. Name Charles O Simma

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

14. Maiden name Bertha M Voss

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

16. (a) Informant Charles O Simma

(b) Address 7712 St Albins

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 6-3-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Richmonds Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 7712 St. Albins  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 5 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from October 18 1945 to November 18 1945 that I last saw him alive on 5/24/46 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to 57-a

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Brain Tumor

Of operations Verified - Autopsy

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)

(c) Means of injury \_\_\_\_\_

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

Address [Address] Date signed 5/27

Duration 2 yrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Dr Smolik  
3720 Washington

▶ APR 27 1948

APR 27 1948

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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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3024*

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.**