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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6957

Registrar's No. 1564

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 112 So. 4th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Owen Simmons

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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

7. Birth date of deceased January (Month) ? (Day) 1875 (Year)

8. AGE: Years About 71 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Saline Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name John Simmons
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Isabelle Coffee
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Silas Simmons
(b) Address Indianapolis, Ind.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Galatia, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor Premature	
Due to Life Long Lobe	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep. Coroner Date signed 2/13/47

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.