

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

10088

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 21 1947

Registration District No. 237

Primary Registration District No. 4346

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Montgomery  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ERINSTE H. SIMMS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 2 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HERMAN MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE REPAIRS

11. Industry or business \_\_\_\_\_

12. Name FORGE Simms 4

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

14. Maiden name ELIZABETH SCHAEFER

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

16. (a) Informant Mary Lee Simms

(b) Address Montgomery City, Mo.

17. (a) BURIAL (b) Date thereof March 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City

18. (a) Signature of funeral director Schlenker

(b) Address Montgomery City, Mo.

19. (a) 3-7-47 (b) Uwida  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3  
year 1947 hour 11:55 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 4-13-46, 19\_\_\_\_, to 3-3-47, 19\_\_\_\_;  
that I last saw him alive on 3-3-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute myocardio degeneration 2 days  
Due to Chronic myocarditis 5 yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 93D

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 2

23. Signature A. H. Van ... (M. D. or other) MD  
Address Montgomery City, Mo. Date signed 3-5-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

207

RECEIVED  
District Health Officer No. 9;  
District File Number  
Date Filed 3-19-47

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 *E. Boone Schenker*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, Md.*

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.