

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36265

FILED NOV 7 1947

318

Registration District No. Primary Registration District No.

1003

State File No.

9974

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5338 Bulwer
(If not in hospital or institution, write street number or location) None
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Eliza Elizabeth Simmons

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 -- -- .hr. min.

9. Birthplace. Unknown Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

12. Name Henry Taylor
13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Anna Turner
15. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Howard
(b) Address 5320 Bulwer Avenue

17. (a) Burial (b) Date thereof 10/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens, Cemetery

18. (a) Signature of funeral director Loe J. Smeal
(b) Address 3615-17 Easton Avenue

19. (a) OCT 29 1947 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5338 Bulwer Avenue.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th
year 1947 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 1947 to Oct 24 1947
that I last saw him or her alive on Sept 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Myocardial Infarction
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Coronary atherosclerosis
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 _____
Signature Dr. Thaddeus (M. D. or other) _____
Address 7085 W. Lafayette Date signed Oct 28

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.....

Terrence Cooper....., Registered Apprentice No. *505*.....
working under my personal supervision.

Signed.....

James Hyatt
.....
Licensed Embalmer No. *4441*.....

P. O. Address *2829 Washington*.....

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.