No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7043

FILED FEB 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1526

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3545 Lafayette Ave. (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)

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. 3545 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William N Simmons
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: Married
6. (b) Name of husband or wife: Jane Simmons
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: December 17, 1895 (Month) (Day) (Year)

8. AGE: Years 52 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Sales Manager
11. Industry or business: Broadhead Motor Co.

FATHER
12. Name: Don't Know
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jane Simmons
(b) Address: 3545 Lafayette Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Weick Bro. Und. Co.
(b) Address: 2201 S. Grand Bl.
19. (a) FEB 14 1948 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Sept 21, 1945 to Feb 13, 1948 that I last saw him alive on August 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	?
Due to: Pulmonary Tuberculosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: B. S. Pauze (M. D. or other) M.D.
Address: 4 Dr 4 Taylor Date signed 2/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. J. Wenzel
462 N. Taylor

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 2201 S. Grand

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.