

1. PLACE OF DEATH:

(a) County Missouri Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STATE HOSPITAL No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 - 15 days
(Specify whether
In this community 3 - 15 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis
(c) City or town CLAYTON
(If outside city or town limits, write "RURAL")
(d) Street No. MIKE AVENUE, ELMWOOD PARK
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM SIMMONS

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caro Simmons 6. (c) Age of husband or wife if alive PK years
7. Birth date of deceased March 27 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 26 hr. min.

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

10. Usual occupation Lab

11. Industry or business None

MOTHER FATHER { 12. Name William Simmons
13. Birthplace Kewan City Maine
(City, town, or county) (State or foreign country)
14. Maiden name Sarah DK
15. Birthplace OK DK
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Fulton Missouri

17. (a) Removal (b) Date thereof 10-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Herman Allen

(b) Address 4305 Finney

19. (a) 10-24-1948 (b) Joel Moravichoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1948 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 4
1948 to 23 October 1948
that I last saw him alive on 23 October 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALOMALACIA
Duration _____

Due to _____
Due to _____

Other conditions ARTERIOSCLEROTIC HEART DISEASE
(Include pregnancy within 3 months of death)
CHRONIC MYOCARDIO DECOMPENSATION
PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy (Signature)
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) (e) Means of injury _____

23. Signature Wayne Hefly (M. D. or other) _____
Address Fulton Missouri Date signed 23 Oct 1948

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

RECEIVED
District Health Officer No. 9,
District File Number
NOV 5 1948
Date Filled

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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Vermont Blvd*

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.