S. No. 300
10.48

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21687

BIRTH NO: _____ REG: DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5278

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ond

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 3

c. LENGTH OF STAY (in this place) 28 Yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute HOMER G. PHILLIPS HOSPITAL

d. STREET ADDRESS (If rural, give location) 4043 A. Aldine

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) c. (Last) SIMMONS

4. DATE OF DEATH (Month) (Day) (Year) June-11-1949

5. SEX Male 2

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH Mar 26 1889

9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Va. 1

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Andie Simmon

13b. MOTHER'S MAIDEN NAME Mary

14. NAME OF HUSBAND OR WIFE Nina B Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Nina B Simmon ADDRESS 3322 Hickory

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wound of left sub. clavicular artery suffered when shot with gun in the hands of one Saul Towery (Col) after Towery had been shot with some gun by Marion Coleman (Col) daughter of deceased in front of about 22 living area about 1:55 PM June 11, 1949

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Justifiable

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 11 1949 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fight

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:55 P m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) 3

23b. ADDRESS 1300 Clark Av

23c. DATE SIGNED 6/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Buril

24b. DATE June 17.

24c. NAME OF CEMETERY OR CREMATORY Oakdale

24d. LOCATION (City, town, or county) Lema Ferry, Mo (State)

DATE REC'D BY LOCAL REG. JUN 18 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE S J Watson ADDRESS 2769 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed S J Watson

Signed ..... Student Embalmer

Licensed Embalmer No. 269 P

P. O. Address 2769 Chou

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.