

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10636
2621

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 31 yrs/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4400 Enright Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) 19th W N St. Louis 2199
d. STREET ADDRESS (If rural, give location) 4400 Enright Avenue 0

3. NAME OF DECEASED
(Type or Print) a. (First) Murray b. (Middle) C. c. (Last) Simmons
4. DATE OF DEATH (Month) (Day) (Year) 3/16/51

5. SEX Male 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
6. COLOR OR RACE Negro 8. DATE OF BIRTH 10/17/78
9. AGE (in years last birthday) 72 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 HR.: HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant (retired)
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Winona, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unavailable 13b. MOTHER'S MAIDEN NAME Unavailable 14. NAME OF HUSBAND OR WIFE Solona Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 493-24-7185
17. INFORMANT'S SIGNATURE OR NAME ADDRESS solona Simmons, 4400 Enright Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Parotid Glands
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.

INTERVAL BETWEEN ONSET AND DEATH
Undet.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 11/20/1

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 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Name or title) _____ 23b. ADDRESS 11 N. Jefferson Avenue 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/21/51 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 20 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John L. Cunningham

Signed.....

Student Embalmer

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney Avenue

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.