

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10588**
Registrar's No. **2580**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1007 N 14th St	

3. NAME OF DECEASED (Type or Print) a. (First) Lula	b. (Middle)	c. (Last) Simmons	4. DATE OF DEATH (Month) (Day) (Year) March 13, 1952
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1893	9. AGE (In years) (Month) (Day) (Hour) (Min.) 58 7 27
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Memphis, Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Ben Thomas	13b. MOTHER'S MAIDEN NAME Charlotte	14. NAME OF HUSBAND OR WIFE Willie Simmons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY # 494-07-8977	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Simmons, 1007 N. 14th St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 21 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Undetermined		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 443X
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22. I hereby certify that I attended the deceased from **2-21**, 19**52**, to **3-13**, 19**52**, that I last saw the deceased alive on **3-13**, 19**52**, and that death occurred at **2:55 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larue W. Larue D.O.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 3-13-52
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 3-19-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park Ceme.	24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.
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DATE REC'D BY LOCAL REG. MAR 18 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS People's Und. Co., 3100 Franklin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mfb. (Licensed Embalmer's Statement on Reverse Side)

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

W. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address. 4575 Ald

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.