

DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40724**  
Registrar's No. **10151**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>373I S. Compton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>373I S. Compton</b>		16. <b>373I S. Compton</b>	
3. NAME OF DECEASED a. (First) <b>Emma</b> (Type or Print)		b. (Middle)	
c. (Last) <b>Simmons</b>		4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>1</b> (Year) <b>1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>8-27-1859</b>
9. AGE (In years last birthday) <b>93</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>South Carolina</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wm Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Elmore Simmons (deceased)</b>		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 <b>Della Pahl</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>senility</b> DUE TO (c) <b>glomerulonephritis = edema</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>592X</b>		22. I hereby certify that I attended the deceased from <b>9-16, 1952</b> , to <b>10-27, 1952</b> , that I last saw the deceased alive on <b>10-27, 1952</b> , and that death occurred at <b>4:05 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Dr Eugene H. Struthmatt</b>		23b. ADDRESS <b>St Louis 23, Mo 8120A Grannis Ave</b>	
23c. DATE SIGNED <b>11-4-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov 5 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mathew Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>	
DATE REC'D BY LOCAL REG. <b>NOV 5 1952</b>		ADDRESS <b>Schumacher Funeral Home 3013 Meramec St.</b>	

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

81204  
FL. 7779  
9-12 N.M.  
1-6 O.M.  
7-9 O.M.

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.

Student .....  
Student Embalmer

Signed VE Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.