

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12324

State File No. ....

318

1003

Registrar's No. 2794

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____<br>b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ST. LOUIS, MISSOURI</b><br>c. LENGTH OF STAY (In this place) <b>2 Days</b><br>d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>BARNES HOSPITAL</b> |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladue</b><br>d. STREET ADDRESS (If rural, give location) <b>67 Birarcliff</b> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>ARTHUR</b><br>b. (Middle) <b>ULAN</b><br>c. (Last) <b>SIMMONS</b>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>3 13 53</b>  |  | 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>Feb. 19 1898</b>  |  | 9. AGE (In years last birthday) <b>55</b>   |  | 10. IF UNDER 1 YEAR: Months <b>0</b> Days <b>24</b> Hours <b>0</b> Mins. <b>0</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self employed</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Lawyer</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME <b>Joe Simmons</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Dovie Simmons</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>  |  | 16. SOCIAL SECURITY NO. <b>500-28-7779</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William R Simmons 67 Birarcliff Ladue</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>HEMORRHAGE OF LENTICULOSTRIATE ARTERY</b><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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. HOW DID INJURY OCCUR? <b>331X</b>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>3-11</b> , 19 <b>53</b> , to <b>3-13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-13</b> , 19 <b>53</b> , and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.   |  |   |  |   |  |   |  |
| 23a. SIGNATURE <b>R. Bradley</b> (Degree or title) <b>M.D.</b>   |  |   |  | 23b. ADDRESS <b>BARNES HOSPITAL</b>   |  | 23c. DATE SIGNED <b>3-13-53</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>3-16-53</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>                   |  |
| DATE RECEIVED BY LOCAL REG. <b>MAR 1 1953</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bopp Kirkwood</b>  |  |   |  |

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.

Student .....

Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Northwood 221

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.