

No. 300
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35439

Registrar's No. 2136

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood | | c. LENGTH OF STAY (in this place) DOA | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | e. STREET ADDRESS (If rural, give location) 5245 Minerva Av. 2069 | |

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|--|-------------|-----------|-----------------------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |
| George Simcox | | | Sept. 11, 1955 | | |

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|---|----------------------------------|--|--|---|--------------------------------|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 25, 1893 | 9. AGE (In years and birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Own Store | | 11. BIRTHPLACE (City and State or Foreign Country) Huntingdale Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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| 13a. FATHER'S NAME George Ebbetts | 13b. MOTHER'S MAIDEN NAME Griffith | 14. NAME OF HUSBAND OR WIFE Mary E. Simcox |
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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) No | 16. SOCIAL SECURITY NO. 487-18-9934 | 17. INFORMANT'S SIGNATURE OR NAME James Simcox | ADDRESS (Same as above) |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural causes | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Thrombosis Myocardial Infarction Arteriosclerotic Heart Disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |

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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Herbert R. Donke, M.D., Local Registrar | 23b. ADDRESS 651 S. Brentwood Blvd. | 23c. DATE SIGNED 10-10-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 14, 55 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem. | 24d. LOCATION (City, town, or county) (State) St. Ann, Missouri |
| DATE REC'D BY LOCAL REG. 9-13-55 | REGISTRAR'S SIGNATURE Herbert R. Donke M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bull-Campbell Mortuary 5165 Delmar | |

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**