

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29135

State File No. ....

FILED SEP 6 1956

BIRTH NO. 1117 S-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7074

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.O.A. Homer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>21 707<sup>th</sup> No Channing</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rodney</u> b. (Middle) <u>Earl</u> c. (Last) <u>Simmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-56</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>n</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 12, 1956</u>
9. AGE (In years last birthday) <u>5 mo</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	12. CITIZEN OF WHAT COUNTRY? <u>A.S.A</u>
12a. FATHER'S NAME <u>Bruce Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Simmons</u> ADDRESS <u>707 Channing</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Suffocation from the aspiration of vomitus</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>E9219</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>H6</u> (COUNTY) (STATE)	
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?	
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 <u>past</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph M. Turner</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>7/31/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUL 31 1956</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M.A.H. Burk 3506 Franklin</u>	

**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.....  
*Leroy W. Sammiater*

Licensed Embalmer No. *4523*

P. O. Address *2616 Garrison*

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.