

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

57 0 2 2 8 9 3

No. 300
10.48

FILED JUL 11 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

State File No. _____

Registrar's No. **6213**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 6213				
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>					c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
e. STREET ADDRESS (If rural, give location) <u>2219 02808 Dayton</u>												
3. NAME OF DECEASED (Type or Print)			a. (First) <u>James</u>		b. (Middle)		c. (Last) <u>Simmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 5, 1900</u>		9. AGE (In years last birthday) <u>57</u>		If UNDER 1 YEAR Months <u>3</u>	If UNDER 11 HRS. Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contour Chair Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Scott Simmons</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Collins</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Simmons</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>489-05-6962</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Martha Simmons</u>						ADDRESS <u>2808 Dayton</u>
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.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>		
					ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
					DUE TO (b) _____							
					DUE TO (c) _____							
					II. OTHER SIGNIFICANT CONDITIONS <u>Generalized metastasis</u>							
19a. DATE OF OPERATION <u>6-18-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Prostate</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE - HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(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 <u>12 June 57</u> to <u>30 June 57</u>, that I last saw the deceased alive on <u>30 June 57</u>, and that death occurred at _____ m., from the causes and on the date stated above.												
23. SIGNATURE <u>Blair Payne, MD.</u>			(Degree or title)			23b. ADDRESS <u>4660 Maryland</u>			23c. DATE SIGNED <u>July 3, 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>			24d. LOCATION (City, town, or county) <u>Berkley, Missouri</u>		(State)			
DATE REC'D BY LOCAL REG. <u>JUL 3 57</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Koonce</u>			ADDRESS <u>1221 N. Grand Blvd</u>				

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 *Miriam Blackwood*
Licensed Embalmer No. *34670*
P. O. Address *1221 W. ...*

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.