

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011394
State File No.

2 2021
Registrar's No.

BIRTH NO. MAR 17 1959

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4468 Clarence</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Roger</u> c. (Last) <u>Simms</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-22-59</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. <u>1 25</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Trent Patrick Simms</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Goodman</u>	
14. NAME OF HUSBAND OR WIFE		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 <u>Hospital Records</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - 20 wks.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 55 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>776X</u> 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	
20. AUTOPSY? <u>2</u> 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. 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>2-22-59</u> , 19 <u>19</u> , to <u>2-22-59</u> 19 <u>19</u> , that I last saw the deceased alive on <u>2-22-59</u> 19 <u>19</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John M. Carter</u>		23b. ADDRESS <u>18302 Jennings St. St. Louis 20, Mo.</u>	
23c. DATE SIGNED <u>2-23-59</u>		24. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-28-59</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE RECD BY LOCAL REG. <u>FEB 26 59</u>		REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker</u>		ADDRESS <u>404 Manchester</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

300
18

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.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.