URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH [redacted]

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2138 -60 STATE FILE NUMBER 008887

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 2 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis Little Rock Hosp Inc — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:

c. CITY OR TOWN: St Louis — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 5935 Scanlan — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Walter — Middle: Joseph — Last: Simonds

4. DATE OF DEATH: Month: 2 — Day: 22 — Year: 60

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒, Never Married ☐, Widowed ☐, Divorced ☐

8. DATE OF BIRTH: 1,19,05

9. AGE (last birthday): 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: U S Postal Service

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Walter J. Simonds

13b. MOTHER'S MAIDEN NAME: Elizabeth Schulte

14. NAME OF HUSBAND OR WIFE: Emma Okertich Simonds

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.: None

17. INFORMANT: Emma Simonds — Address: 5935 Scanlan Ave. (99)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Essential Hypertension — ?

DUE TO (c): 331 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2/21/60 2:30P to MFeb 22,1960 and last saw her/him alive on Feb22,1960

Death occurred at 3,15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Colley MD.

22b. ADDRESS: 3720 Washington St Louis, Mo ~~1755 So Grand~~

22c. DATE SIGNED: 2/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2/25/60

23c. NAME OF CEMETERY OR CREMATORY: Resurrection

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: E.J. Schnur Funeral Home — ADDRESS: 3125 Lafayette St.Louis, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 24 1960

26. REGISTRAR'S SIGNATURE: Noel Smith, M.D. M&C.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas R. Fenwi

Signature of Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3125 Lafa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.