

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1961 AMENDED
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2405-61-011582 STATE FILE NUMBER

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | | c. CITY OR TOWN Maplewood | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7220 High St. | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Edward Simmons | | | | 4. DATE OF DEATH Month Day Year March 10 1961 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 11/23/1881 | 9. AGE (last birthday) 79 | 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) retired | | 10b. KIND OF BUSINESS OR INDUSTRY rancher | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY Canada | |
| 13a. FATHER'S NAME Camille Simmons | | | 13b. MOTHER'S MAIDEN NAME ----- Ruede | | 14. NAME OF HUSBAND OR WIFE Charlotte | | |
| 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 Harry A Bagley | | Address 1441 Wells | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) <i>Arteriosclerotic Heart Disease</i> | | | | <i>5 years</i> |
| | | | DUE TO (c) <i>Prostatic Hypertrophy Benign</i> | | | | <i>5 years</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i> | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <i>1958</i> to <i>3/10/61</i> and last saw ^{him} him alive on <i>3/10/61</i> Death occurred at <i>155</i> <i>P</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>John J. Henselly M.D.</i> | | | 22b. ADDRESS <i>6500 Chippewa</i> | | 22c. DATE SIGNED <i>3/10/61</i> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 3/14/1961 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 23d. LOCATION (City, town, or county) Affton, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR John L Ziegenhein & Sons | | | ADDRESS 7027 Gravois | 25. DATE RECD. BY LOCAL REG. MAR 13 1961 | | 26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> | |

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 Donald Benz

Licensed Embalmer No. 4863
P. O. Address St Louis Mo

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.