MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7302 STATE FILE NUMBER 61-027348

FILED AUG 14 1961

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4225 Enright Ave. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4225 Enright Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Demetria Middle: Last: Simmons
4. DATE OF DEATH Month: August Day: 4th Year: 1961
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-61
9. AGE (last birthday) — IF UNDER 1 YEAR: Months 1 Days 24 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Simmons
13b. MOTHER'S MAIDEN NAME: Mary Dickerson
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT: Mary Simmons Address: 4225 Enright Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation; when found in bed — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) under pillow, at home, on Aug. 4th
DUE TO (c) 961. (No Doctor involved) Accident
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 924.0-18
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.) See above
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 8-4-61
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.) Home
20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 8/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-8-61
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.
23d. LOCATION (City, town, or county) (State) Berkeley City, Missouri

24. FUNERAL DIRECTOR Cunningham & Moore ADDRESS 2405 Marcus
25. DATE RECD. BY LOCAL REG. AUG 7 1961
26. REGISTRAR'S SIGNATURE Hoard Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Arthur L. Hellriard

Signature of Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 3100 Easton ave

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.