MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2780 STATE FILE NUMBER 62-013193

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 09225 8
3
4 2
5 1
6
7 0
8 1
9
10
11
12 61-3
13
61

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firmin Desloge Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: St. Charles
c. CITY OR TOWN: Wentzville. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 801 N. 4th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Louis — Middle McKinley — Last Simms
4. DATE OF DEATH: Month March — Day 12 — Year 1962.
5. SEX: Male.
6. COLOR OR RACE: Negro.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/11/1897
9. AGE (last birthday): 64 — 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): Minister.
10b. KIND OF BUSINESS OR INDUSTRY: Preacher.
11. BIRTHPLACE (City and state or country): Wentzville Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard Simms
13b. MOTHER'S MAIDEN NAME: Eliza Morton
14. NAME OF HUSBAND OR WIFE: Laura M. Simpson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Laura Simms — Address: Wentzville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhage in the bladder. Post operative Schock;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) while undergoing operation (Prostate - benign) at
DUE TO (c) Firmin Desloge Hospital on March 12th 1962.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): accident 610x
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: 3-12-62
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.): 18 Hospital
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 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Deputy Coro
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 3-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/16/1962
23c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
23d. LOCATION (City, town, or county) (State): Wentzville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: T.E. Pitman Funeral Home. - Wentzville, Mo.
25. DATE RECD. BY LOCAL REG.: MAR 13 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

MAY 8 1962

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 Sailton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Westville

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.