

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048750

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12454** STATE FILE NUMBER

**FILED JAN 10 1963**

1. PLACE OF DEATH  
 a. COUNTY  
 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 **ST. LUKES HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO.** b. COUNTY **ST. LOUIS**  
 c. CITY OR TOWN **HASELWOOD** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4 KENWOOD** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) **INFANT SIMMS** 4. DATE OF DEATH Month Day Year **DEC. 25, 1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12-25-62** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **ST. LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY **U S A**

13a. FATHER'S NAME **ROBERT SIMMS** 13b. MOTHER'S MAIDEN NAME **DONA JEAN BROWER** 14. NAME OF HUSBAND OR WIFE **NONE**

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 **ROBERT SIMMS** Address **4 KENWOOD**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Bilateral Atelectasis, Myocardial Failure, anoxic**  
 DUE TO (b) **Increased Intracranial Pressure due to Congenital Hydrocephalus and drainage of meninges**  
 DUE TO (c) **General Meningoencephalitis**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Bilateral Clubbing of feet - Equinovarus**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  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.) **751.2**

20c. TIME OF INJURY Hour 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 **6 pm - Dec 25, 1962** to **6:30 PM same date** and last saw her alive on \_\_\_\_\_  
 Death occurred at **6:30 PM Dec. 25, 1962** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **William J. McInnes M.D.** 22b. ADDRESS **8230 Dorsett** 22c. DATE SIGNED **Dec 25, 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **12-27-1962** 23c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS, MO.**

24. FUNERAL DIRECTOR ADDRESS **STROOT CARROLL 4600 NAT. BRIDGE** 25. DATE RECD. BY LOCAL REG. **DEC 27 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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

USE BLACK INK OR TYPEWRITER RIBBON

81

Summers Baby

**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 M W Rieter

Licensed Embalmer No. 4865

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.