

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-018236**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4834** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 9 1963** ST-30963 XC-22 060 499

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in lb <b>8 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, 915 N. GRAND AVE.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5890 CATES AVENUE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>BARNEY SIMMS N. SIMMS</b>			4. DATE OF DEATH Month Day Year <b>5/1/63</b>			5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/30/07</b>		9. AGE (last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK CLERK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ebering Radio Co.</b>		11. BIRTHPLACE (City and state or country) <b>MOUNDS, ILLINOIS,</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JACKSON SIMMS</b>			13b. MOTHER'S MAIDEN NAME <b>ANNIE REED</b>			14. NAME OF HUSBAND OR WIFE <b>BEATRICE SIMMS</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-II</b>					17. INFORMANT Address <b>BEATRICE SIMMS (WIDOW) SEE #2</b>					
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) <b>BRAIN METASTASES OF CARCINOMA FROM LUNG</b>										
DUE TO (b) <b>CARCINOMA OF LUNG</b>										
DUE TO (c) <b>163X</b>										
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 declared the deceased from <b>4/23/63</b> to <b>5/1/63</b> and last saw him alive on <b>5/1/63</b> . Death occurred at <b>8:10 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Robert H. Dorton</b>				22b. ADDRESS <b>M.D. VAH, ST. LOUIS, MO</b>		22c. DATE SIGNED <b>5/1/63</b>				
23a. BURIAL LOCATION (Specify)		23b. DATE OF BURIAL		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. STATE		
<b>Removal</b>		<b>May 6, 1963</b>		<b>National Cemetery</b>		<b>Jefferson Barracks</b>		<b>Mo.</b>		
24. FUNERAL DIRECTOR <b>H. K. Koenig</b>			ADDRESS <b>1221 N. Grand Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>MAY 3, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
1  
2 **2059**  
3  
4 **2**  
5 **1**  
6  
7 **1**  
8 **1**  
9  
10  
11  
12 **83-0**  
13

**83**

**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 Oliver E. Crouble

Licensed Embalmer No. 5185

P. O. Address 1221 W Grand 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.