WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10422

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 500 S. Kingshighway St. ..... Ward)

File No. .....

Registered No. 5017

2. FULL NAME Violet Hattie Simons

(a) Residence. No. Venld Ill St., 12 Ward. Benld Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10-1909

7. AGE: Years 17 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Venld
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Wm. Simons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louis Streb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT 308 Ill St Venld Ill
(Address) Louis Simons

15. FILED MAR 29 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-22, 1927, to 3-28, 1927, that I last saw h. ..., alive on 3-28, 1927, and that death occurred, on the date stated above, at 4.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tumor of Cerebellum (Glioma) Malignant

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3-26-27

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) A G Heidemann, M. D

3/28, 1927 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bethany

DATE OF BURIAL: 3/30 1927

20. UNDERTAKER: Cullen & Kelly

ADDRESS: 4524 Easton