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.

15014

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3930

City St. Louis (No. 6033 Loretta av St. ..... Ward)

2. FULL NAME Charles Fr. Simon

(a) Residence. No. 6033 Loretta av St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19th 1846

7. AGE: Years 81 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Labor
(a) Trade, profession, or particular kind of work: Terra Cotta Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Employe
(c) Name of employer: Winkle Terra Cotta Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Frederick Simon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Agnes Simon
(Address) 6033 Loretta av

15. FILED APR -9 1928, 19.... Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/7 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to Apr. 7, 1928, that I last saw him alive on Apr. 6, 1928, and that death occurred, on the date stated above at 1:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhage of Brain
Apoplexy
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 3 or more yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290 131 62A

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Wm. G. Wood, M. D.

4-9, 1928 (Address) 1005 McCausland

*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: New Pickus Cemetery
DATE OF BURIAL: 4/10 1928

20. UNDERTAKER: Kriegshauser & Co
ADDRESS: 4104 Manchester

Hugh [illegible]