

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

Do not use this space.

15389

15658

4620

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... *St. Louis* (No. *562 Virginia Ave*)

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St., **15** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 23rd 1874*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs: or min.	
				hrs	min.
	<i>53</i>	<i>6</i>	<i>4</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) *Rollingwood Illinois*

10. NAME OF FATHER *Victor J. Simonin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) *France*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) *France*

14. INFORMANT (Address) *Joseph Doegler 1562 Virginia Ave*

15. **APR 23 1928** FILED *Max C. Starker* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 27 1928*

17. I HEREBY CERTIFY That I attended deceased from *Feb.* 19*28* to *Apr. 27* 19*28* that I last saw her alive on *Apr. 25* 19*28*, and that death occurred, on the date stated above, at *1:30 p.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Metastatic Carcinoma of Breast etc from Carcinoma of Breast (operated 10 yrs ago)

CONTRIBUTORY (SECONDARY) *47*

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Arthur E. Shand*, M. D. , 19 (Address) *Wm. Club Bldg.*

*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 *S. S. Peter & Paul* DATE OF BURIAL *4/30 1928*

20. UNDERTAKER *Hoffmeister & Co* ADDRESS *7814 S. Broadway*

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.

