

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

Do not use this space.

3529

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township St. Anthony Primary Registration District No. 1003
 City St. Louis (No. St. Anthony) Registered No. 101
 St. _____ Ward _____

2. FULL NAME Sophie Simons
 (a) Residence. No. 2482 Ohio St. 23 Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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) Oct. 11 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>2</u>	<u>20</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Music Teacher
 (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) Germany

10. NAME OF FATHER Edward Simons

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

12. MAIDEN NAME OF MOTHER Blanche Hartung

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 5 1928 to Jan 1 1929
 that I last saw her alive on Dec 31-28 1928, and that death occurred, on the date stated above, at 10:30 a.m. 466

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma ascending colon
involvement of Retroperitoneal Glands =
about (duration) 1 year

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Arteriosclerosis - Arterial Sclerosis
independently

18. WHERE WAS DISEASE CONTRACTED 45
 DID NOT ACQUIRE AT PLACE OF DEATH? Y
 DID AN OPERATION PRECEDE DEATH? Y DATE OF 5/24/28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Exploratory
on obd. wall - C. Kerule (Signed) _____ M. D.
 (Address) 945 Mc Bell

*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 Mo. Crematory DATE OF BURIAL 1-3 1929

20. UNDERTAKER Witt Bro. & Co. 2929 S. Jefferson Ave. ADDRESS _____

14. INFORMANT (Address) Edith Simons 722 Chouteau

15. FILED JAN -3 1929 May E. Stanley REGISTRAR

K. 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.

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

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Dr. Sepesler

