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

Do not use this space.

File No. 11264

Registered No. 49

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH

County: St. Charles

Township:

City: St. Charles (No. 722, Clay St., Ward)

2. FULL NAME: Mary Simon

(a) Residence, No. 722 Clay St., 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 29 - 1858

7. AGE: Years 73 | Months 1 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. IN

FATHER

13. NAME: Fritz Bruder

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

MOTHER

15. MAIDEN NAME: Theresa Buse

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

17. INFORMANT (ADDRESS): Jos. Simon Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Francisville DATE: March 30 1931

19. UNDERTAKER (ADDRESS): W. Kaemmerer & Sons 700 N. 2nd St. St. Louis Mo

20. FILED: 3/28, 19 31 Ny. G. Bloebaum Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 26, 1931

I last saw her alive on March 26, 1931. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Lesion	2 yrs ago
97 A 99	
Other contributory causes of importance:	
Arteriosclerosis and general anasarca	5 or 6 yrs

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. P. Wentker, M. D.

(Address) 206 Washington Street St. Charles, Mo.

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.

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

APR 27 1931