

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

Do not use this space.

8972

1. PLACE OF DEATH

County St. Louis Registration District No. 757
 Township..... Primary Registration District No. 3036
 City St. Louis (No. 1605, North 3) St. Ward)

File No.
 Registered No. 35
 St. Ward)

2. FULL NAME

Paul Simon
 (a) Residence, No. 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 Male 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) July 24 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .3 hrs. or min.

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME Deville Simon

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

15. MAIDEN NAME Johannes Hankris

16. BIRTHPLACE (CITY OR TOWN) Merutere (STATE OR COUNTRY) Mo

17. INFORMANT Dorelle F. Rivison (ADDRESS) 1608 2 3 1/2 St. N.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dick Brown Lane DATE July 15 1933

19. UNDERTAKER W. H. Hall, Mortuary & Burial Co. (ADDRESS) 800 2 1/2 St. N.

20. FILED 7/15 1933 Hy. H. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1933, to Feb 24 1933

I last saw him alive on Feb 24 1933, 19..... Death is said to have occurred on the date stated above, at 12 p. m.

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

Premature Infant
159 (6 months)

Other contributory causes of importance:

159

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....

(Signed) Byrd Gossett, M. D.

(Address) 200 Light St. St. Louis, 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

