

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City St. Louis Mo (No. St. John's Hosp.)..... St. Ward)

File No. 11618
 Registered No. 2695

2. FULL NAME MARIE K SIMOS

(a) Residence, No. 1839 1/2 Franklin St. 21 Ward. (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21, 1919</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>13</u>	<u>4</u>	<u>18</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>
	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) St. Louis Mo.

13. NAME Theodore Simos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

15. MAIDEN NAME Anna Kohl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Anna Kohl
(ADDRESS) 1839 1/2 Franklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra DATE Wed. Mar 27, 1933

19. UNDERTAKER (ADDRESS) Central City Co
1841 S. Olive

20. FILED APR 21 1933
Max Starbuck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to March 19, 1933
 I last saw her alive on March 19, 1933 Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial decompensation Date of onset Feb. 1933
Chronic myocardial
acute Rheumatic Fever Jan. 1933

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

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) Paul Kramer, M. D.
 (Address) 634 N. Grand
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.

Dr Fred Kramer

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Mo Theater Bldg