

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

Do not use this space.

791

27478

1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No. **1003**  
City *St Louis Mo* (No. *4500*, *Washington*) St. .... Ward)

File No. ....  
Registered No. **7723**  
St. .... Ward)

2. FULL NAME

*Mary Simon*  
(a) Residence, No. *4500 Washington St.*, *12* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Arthur Simon</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 14 / 1959</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>6</i>
	DAYS <i>13</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home work</i>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27 1934*  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *4:45* a.m.  
The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis*  
*1911*  
Other contributory causes of importance:  
*Chronic Myocarditis*  
*1911*  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify

(Signed) *Harold P. DeWitt*  
(Address) *1725 S. 1st St.*  
Registrar

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>
	13. NAME <i>Mark Simon</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unk nown</i>
	15. MAIDEN NAME <i>Mark nown</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mark nown</i>

17. INFORMANT (ADDRESS)  
*Olive Simon 2600 Lohrman*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *New St Marcus* DATE *July 30 1934*

19. UNDERTAKER (ADDRESS)  
*Jingachin Bros 2629 Shuck St*

20. FILED *W. H. Brebeck*

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

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.

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