

JUL 31 1937

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

Do not use this space.

24938

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township

Primary Registration District No. 4470

City University City (No. 519)

Ward Ward

File No.

Registered No. 64

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isabell Jacoby Simon

(a) Residence, No. 519 Warder Ave 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Max Simon</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1868.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>68</u>	<u>10</u>	<u>23</u>	

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

13. NAME Meyer Jacoby

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Europe

15. MAIDEN NAME Rosalie Weiner

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Europe

17. INFORMANT Vincent Townsend (ADDRESS) 3101 A Sutton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. (J) DATE June 20, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED June 19, 1937 Lena V. Moeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to June 18, 1937  
I last saw her alive on June 18, 1937 Death is said to have occurred on the date stated above, at 10:25 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Cardiosclerosis Date of onset \_\_\_\_\_

Diabetes Mellitus  
Chronic Pneumonia  
hypertensive arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Aspirated for toxic 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) Vincent Townsend, M. D.  
(Address) 3101 A Sutton Ave  
Maplewood Mo

WRITE PLAINLY WITH UNFOLDING INSTRUMENTS - 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.

OCCUPATION  
FATHER  
MOTHER

