

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35875
Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

- (a) County Registration District No. **791**
- (b) Township Primary Registration District No. **1003**
- (c) City **Saint Louis** (d) Street No. **2601** N Whittier
- (e) Length of residence in city or town where death occurred **21** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9452**2. PRINT FULL NAME **James Simon**

- (a) Residence, No. **2930 Market** St. **18**
- (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7, 1882**

7. AGE YEARS **55** MONTHS **6** DAYS **25** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**

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

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) **Louisiana**

FATHER 13. NAME **Winston Simon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

MOTHER 15. MAIDEN NAME **Margaret ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **9-11-37**

19. FUNERAL DIRECTOR (ADDRESS) **WATSON and SON 2769 S. HOUTEAU AVE.**

20. FILED **OCT 10 1937** **J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 25** 19 **37** to **Oct. 2** 19 **37**

I last saw h. **im** alive on **Oct. 2** 19 **37** Death is said

to have occurred on the date stated above, at **4 a. m.**

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

Hypertensive heart disease

Date of onset **9/25/37**

Other contributory causes of importance:

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?

If so, specify

(Signed) **A. L. Bennett**, M. D.

(Address) **2601 N Whittier**

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STATEMENT BY LICENSED EMBALMER

I, V. J. Watson, Licensed Embalmer No. 2498

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed V. J. Watson
Licensed Embalmer No. 2498

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)