

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

REC'D APR 11 1938

9259

Do not use this space.

1. PLACE OF DEATH

(a) County.....**St. Louis,** Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City.....**St. Louis,** (d) Street No. **1706 S. 12, Str.** St.
 (e) Length of residence in city or town where death occurred **53** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2848**

2. PRINT FULL NAME

Michael Simon 550
 (a) Residence, No. **1706 S. 12 Str** St. **23**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 53 Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Moulder**
 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 **Michael Simon**

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

15. MAIDEN NAME **Catherine Brush**

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

17. INFORMANT **Elizabeth Dietz**
 (ADDRESS) **1869 S. 14 Str.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St. Marcus** DATE **Mar. 26, 1938**

19. FUNERAL DIRECTOR **Wm. G. Moyall**
 (ADDRESS) **1926 Allen Ave.**

20. FILED **MAR 26 1938**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH AND CAUSE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/24/38** 19

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 **6:15 P.M.**

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

Aortic Stenosis and Mitral Insufficiency, with Cardiac Hypertrophy.

Date of onset

Other contributory causes of importance:

**Chronic Emphysema
 Alveolar ectasia**

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) **Joseph M. [Signature]**, M.D.
 (Address) **[Signature]**

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.

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

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

Wm. C. Moydell

Licensed Embalmer No. 1467

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.)