

DEC'D MAR 15 1939

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

6112  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 324  
(b) Township Cape Girardeau Primary Registration District No. 3009  
(c) City Cape Girardeau (d) Street No. 211 rear S. Fountain Registered No. 68  
(e) Length of residence in city or town where death occurred 66 yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cynthia A. Simon  
(a) Residence, No. 211 rear S. Fountain St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 1872  
7. AGE YEARS 66 MONTHS 6 DAYS --- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as 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) Cape Girardeau,  
(STATE OR COUNTRY) Mo.

13. NAME Isaac Simon

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

15. MAIDEN NAME Cathrene Williams

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

17. INFORMANT Evelyn Casey Pitcher (Niece)  
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE Feb. 26 1939

19. FUNERAL DIRECTOR (NAME) F. J. Sparks  
(ADDRESS) Cape Girardeau Mo.

20. FILED 2-22-39 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1939 to Feb 22, 1939  
I last saw h. et. alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset Oct 1938  
Other contributory causes of importance: hypertension

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? no  
If so, specify .....  
(Signed) W. A. Schoen M. D.  
(Address) Cape Girardeau Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Frank J. Sparks*

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*Frank J. Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

**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.)**

**If this body is not embalmed, above space should be left blank.**