No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23850

State File No. 6295

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8113 Penn. Ave. ~~nXXXX~~ 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 8113 Pennsylvania
(If rural, give location)

(e) If foreign born, how long in U. S. A.? XXX years.

3. (a) PRINT FULL NAME ELLA SIMON 550

3. (b) If veteran, name war XXX

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Simon

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 4 (Day) 1868 (Year)

8. AGE: Years 72 Months -- Days 21 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Thomas Keevin
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country) 5

MOTHER
14. Maiden name Mary Dillon
15. Birthplace Dublin (City, town, or county) Ireland (State or foreign country) 5

16. (a) Informant C. F. Simon Sr.
(b) Address 8113 Pennsylvania, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 27 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1940 hour 4:15 PM minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1939, 19__, to July 25, 1940 that I last saw her alive on July 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heat Exhaustion not a Heat or sun stroke	2 days
Due to Chronic Myocarditis & Arterio-Sclerosis	2 yrs
Due to Carcinoma of head of Pancreas	1 yr.
Other conditions Metastases of Ca (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature George A. O'Sullivan (M. D. or other)
Address 421 W. Schirmer Date signed 7/25/40

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadw

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

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