

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

**38668**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Gasconade Registration District No. 303  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4182 Registered No. \_\_\_\_\_  
 (c) City Herman (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** HERMAN E. SIMION

(a) Residence, No. 0 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johanna Simon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5-1859</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Shoe Worker</u>		
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) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>John Simon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>E. C. Simon</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman</u> DATE <u>10/6/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. P. Reudiger</u>		
20. FILED <u>11-5-40</u> <u>Anna R. Riehoff</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1940, to Nov 4, 1940  
 I last saw him alive on Nov 4, 1940. Death is said to have occurred on the date stated above, at 6 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Arteriosclerosis and enlargement of heart

Other contributory causes of importance:  
Arteriosclerosis and enlargement of heart

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? See 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) H. G. Reichhoff, M. D.  
 (Address) Herman, Mo

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.

**FILED DEC 11 1940**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

*W. R. ...*  
State File No. 38668

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 38668

Registration District No. 303

Primary Registration District No. 4182

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(If outside city or town limits write "RURAL")  
(d) Street No. 601 Market Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 57 years

3. (a) PRINT FULL NAME Herman E. Simon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 29 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) \_\_\_\_\_ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) 1-31-41 (b) Anna K. Rickhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month 11 day 4  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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?

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. J. Rickhoff (M. D. or other) \_\_\_\_\_

Address Hermann Mo

SUPPLEMENTAL

