

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1878**

1. PLACE OF DEATH:

(a) County ST Louis
 (b) City or town ST Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8572 East Partridge Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 14
 (c) City or town St Louis MO 8
(If outside city or town limits, write "RURAL")
 (d) Street No. 8572 East Partridge Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
 year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec
1940, to Feb 27, 1941
 that I last saw her alive on Feb 25, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of uterus
Due to + Bladder urinary
probably primary site
 Due to rigids
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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) (g) Means of injury 0
 23. Signature Jos Kessler (M. D. or other) _____
 Address 3500 N 14 St Date signed 2-27-41

3. (a) PRINT FULL NAME Elisabeth Simon

3. (b) If veteran, name war _____ 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 John Simon 6. (c) Age of husband or wife if alive none years
 7. Birth date of deceased August 3 D 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 ----- 6 -- 21 - _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Oswald
 { 13. Birthplace Austria 8
(City, town, or county) (State or foreign country)
 { 14. Maiden name Agness Oswald
 { 15. Birthplace Austria 8
(City, town, or county) (State or foreign country)

16. (a) Informant John Simon
 (b) Address 8572 East Partridge 1940

17. (a) Burial (b) Date thereof March 1 St
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvan Edward Hook

(b) Address 3516 N 14 Th Str
FEB 28 1941

19. (a) _____ (b) J. Bredech
(Date received local registrar) (Registrar's signature)

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

739 Fernway -

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.