

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23535**
Registrar's No. **5887**

FILLED **AUG 28 1947** 91
Registration District No. _____

Primary Registration District No. **1003**

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17
9

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution 3239 Knapp St
(d) Length of stay: In hospital or institution 3 yrs
In this community 3 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town ST. LOUIS
(d) Street No. 3239 KNAPP ST.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME OLINDA A. SIMON

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 1941 hour 11:00 minute _____ P. M.

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

21. I hereby certify that I attended the deceased from Paris etc, 1941, to July 17, 1941;
that I last saw her alive on July 17, 1941;
and that death occurred on the date and hour stated above.

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

Immediate cause of death Myocardial Infarction 2 hrs

6. (b) Name of husband or wife HARRY SIMON 6. (c) Age of husband or wife if alive _____ years

Due to Renal complications 3 mos

7. Birth date of deceased SEPT. 6 1886
(Month) (Day) (Year)

Due to Carcinoma of appendix 3 mos

8. AGE: Years 54 Months 10 Days 11
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations Carcinoma of appendix
Of autopsy _____

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

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name HENRY PAUL

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

14. Maiden name ELIZABETH FOSSIECK

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

16. (a) Informant Henry Paul
(b) Address 3239 Knapp

17. (a) REMOVAL (b) Date thereof JULY 18-1941
(c) Place: burial or cremation SUNSET HILL CEMETERY

18. (a) Signature of funeral director Late Funeral Home
(b) Address Granite City Ill
(c) JUL 18 1941 (Date received local registrar) (d) J. J. Medeck (Registrar's signature)

23. Signature O. J. P. [Signature] (M. D. or other) md
Address 4952 Maryland Date signed 7/17/41

Hyland - Prange
3911 Park

1940-7-17
1886 9-06

54-10-11

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 John Ketter
Licensed Embalmer No. 3880
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, fact should be so stated above.