

DEC 22 1941
Registration District No. **791**

Primary Registration District No. **1003**

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:
8207 Idaho ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **55 yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Simon**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Michael Simon**
6. (c) Age of husband or wife if alive **1863** years

7. Birth date of deceased: **February 2**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **29**
If less than one day hr. min.

9. Birthplace: **Prague Europe**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Edward Simon**
(b) Address **8207 Idaho ave.**

17. (a) **Cremation**
(Burial, cremation, or removal) (b) Date thereof **Nov. 3, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Creamatory**

18. (a) Signature of funeral director **C. Hoffmeister U. K. Co.**
(b) Address **7814 S. Broadway**

19. (a) **NOV 2 1941**
(Date received local registrar) (b) **J. F. Braddock**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8207 Idaho ave.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**
year **1941** hour **12.01** minute **00** M.

21. I hereby certify that I attended the deceased from **Oct. 18, '41**
Oct. 31 1941 to **Oct. 31** 1941
that I last saw her alive on **Oct. 30** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Chronic nephritis
Due to **generalized edema**
Hypertensive nephrosclerosis
Bronchitis

Duration
3 yrs.
3 yrs.
2 wks.
7 wks.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1316**
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) **no**
(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? _____ Means of injury **John B. Serell**
23. Signature **J. F. Braddock** (M. D. or other)
Address **32767 52nd St. M.** Date signed **10-31-**

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

00
17
9

November 1930.

1 P.M.

Richard Hoffmeyer

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.....

Richard J Hoffmeyer

Registered Apprentice No. *291*

working under my personal supervision.

Signed.....

Edmund Leisinger

Licensed Embalmer No. *4549*

P. O. Address. *6464 Clifton*

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.