

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9224

FILED APR 13 1942
Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 2891

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint John's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Fred W. Simon
3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife.....
Hannah Schmidt Simon 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December 20 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 8
.....hr.min.

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

10. Usual occupation Salesman

11. Industry or business.....
MOTHER FATHER { 12. Name William Simon
13. Birthplace Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown A
(City, town, or county) (State or foreign country)

16. (a) Informant Fred H. Simon
(b) Address 1122 Collins Avenue

17. (a) Cremation (b) Date thereof 3/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) MAR 31 1942 (b) J. F. Gredect
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis 096
(c) City or town Richmond Heights NR 3
(If outside city or town limits, write "RURAL.")
(d) Street No. 1122 Collins Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 28, 1942, to March 28, 1942;
that I last saw him alive on March 28, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 day

Due to Post Operator - Cholelithiasis 14 day

Due to Nou-calculous

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chronic progressive Cholelithiasis Underline the cause to which death should be charged statistically.
Of operations.....
Of autopsy - 12781

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..... D

23. Signature Douglas A. ... (M. D. or other) Dmd
Address 7166 Manchester Date signed 3/31/42

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

17
9

54+

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.....

.....
working under my personal supervision.

Van Dymon

Registered Apprentice No. 296

Signed.....

Robert L. ...

Licensed Embalmer No. 1994

P. O. Address Saint Louis

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.