S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1942 791

State File No. 20014

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5461

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 017
(If outside city or town limits, write "RURAL")

(d) Street No. 3238 MINNESOTA 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM SIMAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JULY (Month) 29 (Day) 1936 (Year)

8. AGE: Years 5 Months 10 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation SCHOOL BOY

11. Industry or business .....

FATHER
12. Name WILLIAM SIMAN
13. Birthplace ..... (City, town, or county) BOHEMIA (State or foreign country)

MOTHER
14. Maiden name MARY MABEK
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant WILLIAM SIMAN
(b) Address 3238 MINNESOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation SS PETER & PAUL CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) JUN 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1942 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 1st 1942, to June 23, 1942
that I last saw him alive on June 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Post Tonsillectomy

Due to aspiration into lungs

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 June
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature S. H. Mayo (M. D. or other) MD
Address 3606 Gravois Ave Date signed 6-25-42

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harrison

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.