No. 2
4-41
7-39
29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 25362

Registrar's No. 1573

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy-McKibbon Rd.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Edgewood Nursing Home 4
(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 Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5906 McPherson Avenue.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME CARL J. SIMONS

3. (b) If veteran, name war none

3. (c) Social Security No. 488-10-3717

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ona W. Simons

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August (Month) 3 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	18	hr. min.

9. Birthplace Milfield (City, town, or county) Ohio. 1 (State or foreign country)

10. Usual occupation retired chairman of board

11. Industry or business Interstate Printing Co.

FATHER
12. Name Robert Simons
13. Birthplace unknown (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Adelaide Cass
15. Birthplace unknown (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant Mrs. C. J. Simons

(b) Address 5906 McPherson Ave., St. Louis

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-22-42. (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ ##### Chetopa, Kansas.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUL 22 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 12:50 minute 4 M.

21. I hereby certify that I attended the deceased from 1930, 19, to July 21, 1942 that I last saw him alive on July 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to Paresis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Oliver Abel Jr (M. D. or other)

Address 4952 Maryland Date signed 7-22-42

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1942

Dr. Oliver Abel
4952 Maryland Avenue.
FO-8844
Pa 6451

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. N. No. 2B
-9- -8-21-41
5-1- X29288

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25362

Registration District No. 784 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Normandy - McKibben Rd.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl J. Simons

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 3 (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) E G McGannon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY