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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **7849**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2637a Keokuk
(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 _____

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

(d) Street No. 2637a Keokuk
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Marie C. 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 _____

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

7. Birth date of deceased January 7, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th
year 1942 hour 8:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from August 19, 1942 to September 1, 1942
that I last saw her alive on September 1, 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of the bladder (Urinary bladder)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER {

12. Name Joseph Goldbach

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

14. Maiden name Louise Roth

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

Major findings: Of operations _____

Of autopsy _____

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? _____

16. (a) Informant Mrs. Edna McKeen

(b) Address 2637a Keokuk

17. (a) Burial (b) Date thereof 9-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
6322 S. Grand Blvd.

(b) Address _____

19. (a) _____ (b) SEP 27 1942
(Date received local registrar) (Registrar's signature)

23. Signature Russell Johnson
Address 1515 Lafayette Avenue Date signed 9/21/42
(Physician) (No. of or other)

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

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 *Virgil L. Berryman*
.....
Licensed Embalmer No. *4018*
.....
P. O. Address *St. Louis, Mo.*

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.