

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

APR 15 1943  
Registration District No. 84

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2147 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3736 McKean  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS SIMANEK

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 sep  
6. (b) Name of husband or wife Elie Sima 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 5 1 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 22 hr. min.

9. Birthplace Vienna, Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

12. Name Joseph Simanek

13. Birthplace 4 Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Antonia ?

15. Birthplace 4 Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant History at Koch Hospital

(b) Address Koch, Mo

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 3/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. G. Moydell  
(b) Address 1926 Allen Ave

19. (a) 3-24-43 (b) Elie Simanek  
(Date received local registrar) (Registrar's signature) ESB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1943 hour 3 minute 56 AM.  
21. I hereby certify that I attended the deceased from 5-1-37  
19\_\_\_\_ to 3-23-43, 19\_\_\_\_;  
that I last saw him alive on 3-23-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Duration 6 years (?)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13, 6, 1  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Frank Cole (M. D. or other) \_\_\_\_\_  
Address Robert Koch Hosp Date signed 3/24/43

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**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 me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. M. Davis.....  
Licensed Embalmer No. 8741.....  
P. O. Address 1926 Allen.....

**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.**