. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16601

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4756

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8mos 1da. (Specify whether
In this community: 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 17

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Simon

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: mar

6. (b) Name of husband or wife: Mary Simon

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: October (Month) 29 (Day) 1860 (Year)

8. AGE: Years 82 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace: St. Louis Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Machine operator

11. Industry or business: –

MOTHER FATHER

12. Name: Nicholas Simon

13. Birthplace: unknown (City, town, or county) France (State or foreign country) 5

14. Maiden name: Magdelin Stein

15. Birthplace: unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Thelma A. Singler

(b) Address: 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd

19. (a) MAY 23 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 21 year: 1943 hour: 8:20 minute: P.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1943 to May 21-43, 19..; that I last saw him alive on May 21-1943, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia-due to Prostatic	
Due to: Hypertrophy	8-20-42x
Arteriosclerosis	8-20-42x
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	8-20-42x

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: Walter L. Moore (M. D. or other) M.D.

Address: 5400 Arsenal St. Date signed: 5/22/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W H Van Matre.

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.