

JUN 25 1943
Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **1473**

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

FILED
76
2086

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

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

(d) Street No. **6728 Raymond Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Simon**

3. (b) If veteran, name war **No**

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 **Franz J. Simon Sr.**

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

7. Birth date of deceased **Feb. 9, 1873.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	19	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Nelson Walters**

13. Birthplace **Sweeden**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Sullivan**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony C. Simon**

(b) Address **1322 Woodruff Ave.**

17. (a) **Burial** (b) Date thereof **June 26/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiament Ave.**

19. (a) **JUN 25 1943** (b) **E.H. McMoran, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1943** hour **10.00** minute **A.M.**

21. I hereby certify that I attended the deceased from **June 12 1942** to **June 23 1943**
that I last saw him/her alive on **June 23 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Renal disease**

Due to.....

Due to.....

Other conditions **Pneumonia**
(Include pregnancy, within 3 months of death)

Major findings: **None**

Of operations.....

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence **7-26-43**

(c) Where did injury occur? **26th**
(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)

23. Signature **Paul J. Smith** (M.D. or other) **MD**

Address **101 25 Bursler** Date signed **6-27-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. P. J. Reilly
6125 Bartmer Ave.,
CA. 5187

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..... *J. Allen Davis*

Licensed Embalmer No. *4053*

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.