

**DECEASED OCT 2 - 1943 18**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
209 W. Schirmer  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ 20 years (Specify whether \_\_\_\_\_ years, months or days)

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

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

**3. (c) Social Security** No. None

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Anna Simon

**6. (c) Age of husband or wife if alive** 65 years

**7. Birth date of deceased** March 17, 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>3</u>	_____ hr. _____ min.

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

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** None

**12. Name** John Simon

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

**14. Maiden name** Unknown

**15. Birthplace** Germany (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**16. (a) Informant** Anna Simon

**(b) Address** 209 W. Schirmer

**17. (a) Burial** (Burial, cremation, or removal) \_\_\_\_\_

**(b) Date thereof** Sept. 24, 1943 (Month) (Day) (Year)

**(c) Place: burial or cremation** Matthews Mausoleum

**18. (a) Signature of funeral director** Fendler Und. Co.

**(b) Address** 7420 Michigan Avenue

**19. (a) SEP 21 1943** (Date received local registrar) \_\_\_\_\_

**(b) [Signature]** (Registrar's signature)

**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. 209 W. Schirmer  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 20  
year 1943 hour 5 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** July 1943 to Sept 1943  
that I last saw him alive on Sept 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage **Duration** 24 hrs

Due to: Arterial Hypertension 2 yr

Due to: \_\_\_\_\_

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

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)

**23. Signature** Ed P. [Signature] (M. D. or other) \_\_\_\_\_

**Address** 439 [Address] **Date signed** 9/21/43

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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.....

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

Signed Wm. E. Funch

Licensed Embalmer No. 4148

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.**