

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2056
State File No. 10728
Registrar's No.

FILED DEC 22 1943
Registration District No. 318

Primary Registration District No. 1003

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:
4616 Lindell Blvd. Apt. 211
(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 Missouri (b) County _____

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

(d) Street No. 4616 Lindell Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles G 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 Married

6. (b) Name of husband or wife Henrietta Eicks

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 6 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 29
If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grain broker

12. Name John Simon

13. Birthplace Dissen Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka

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

16. (a) Informant Fred W. Krieger

(b) Address Kirkwood, Mo.

17. (a) Burial (b) Date thereof 12/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 7 1943 (b) J. F. Busch
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1943 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from June
1937 to Dec. 5, 1943
that I last saw him alive on Dec. 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
involving spine + abd. organs Duration 6 mos.

Due to Carcinoma of prostate 10 yrs

Due to _____

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

Major findings: Myocardial degeneration

Of operations _____

Of autopsy None

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)
Means of injury _____

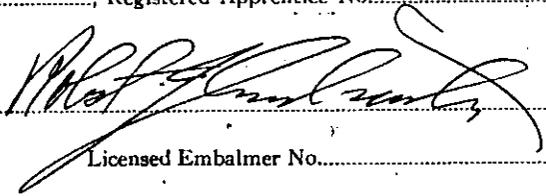
23. Signature C. Hainzschmidt (M. D. or D.D.S.)

Address Metropolitan Bldg. Date signed 12/6/43

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.....

.....
Licensed Embalmer No.....

P. O. Address.....

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.