. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25195

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 1961

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gravois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kimswick
(If outside city or town limits, write "RURAL")
(d) Street No. Kimswick Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore Simon
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 10 (Day) 1888 (Year)
8. AGE: Years 57 Months Days 26 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Co. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Nickolas Simon
13. Birthplace (City, town, or country) France 5 (State or foreign country)
MOTHER 14. Maiden name Lena Stritmatter
15. Birthplace St. Louis Co. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Philip Simon
(b) Address 5417 Grace Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Assumption Mattese Mo.
18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME
(b) Address 7128 Michigan Ave.
19. (a) 8-8-45 (Date received local registrar) (b) E. S. McHarvie M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1945 hour 7 minute 15 a. M.
21. I hereby certify that I attended the deceased from June 7 June 7, 1945, to August 6th, 1945, that I last saw him alive on August 4, 1945, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of Throat | |
| Due to Carcinoma 45 f | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 J. J. Meredith (M. D. or other) M.D.
Address 125 9th Kingshighway Date signed 8-6-45

(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.....

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

**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.**