

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6958**

FILED MAR 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2223**

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

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**

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

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

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **oao**

(c) City or town **Saint Louis.** **167**
(If outside city or town limits, write "RURAL")

(d) Street No. **3643-A McDonald Ave.** **9**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Clara A. Simon**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **Lawrence D. Simon** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 19th, 1884.**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	18	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd,** year **1947** hour **5** minute **15 A. M.**

21. I hereby certify that I attended the deceased from **2-22**, 19**47**, to **2-2**, 19**47**.

that I last saw her alive on **2-1-47**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Ac. Cholecystitis - non-calculous**

Duration _____

Due to _____

Due to _____

Other conditions **Uremia** **127** **48 hrs**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Charles F. Beck**

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

14. Maiden name **Rosa Kloepper**

15. Birthplace **Red Bud Illinois.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lawrence D. Simon**

(b) Address **3643-A McDonald Ave.**

17. (a) **Burial** (b) Date thereof **March 5, 1947.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Zieglerheim B. Pos.**

(b) Address **8109 Grays Ave.**

19. (a) **MAR 4 1947** (b) _____
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury **0**

23. Signature **J. Kennedy** (M. D. or _____)

Address **607 N. Grand** Date signed **3-3-47**

(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 Homer W. Jutz

Licensed Embalmer No. 3882

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.