No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40188

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10643

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution abt 5 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ord

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 529 N. Whittier (If rural, give location) 9

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fannie Wise Simons

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Esward S. Simons

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 12 (Day) 1885 (Year)

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

9. Birthplace Salina (City, town, or county) Kas (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Albert A. Wise
13. Birthplace (City, town, or county) Austria (State or foreign country) 4

MOTHER
14. Maiden name Minnie E. Loeuner
15. Birthplace (City, town, or county) Austria (State or foreign country) 4

16. (a) Informant Mrs. Edward Simons

(b) Address 529 N. Whittier

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director [signature]

(b) Address 4356 Lindell Blvd

19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1942, to Nov. 19, 1947; that I last saw her alive on Nov. 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	2 mo.
Due to: Arteriosclerotic heart dis.	years.
Due to	
Other conditions: Cirrhosis of liver, Diabetes (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Geo. W. Illner (M. D. ~~or other~~)

Address 3720 Washington Ave Date signed 11-19-47

Jefferson City Printing Co.

(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.....

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.