

No. 2
-1/47
5-17-39

FILED DEC 31 1947

318

Primary Registration District No.

1003

Registrar's No. 11668

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane 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 St Louis 96
(c) City or town St. Louis Westton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6202 Chatham Street., 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Andrew J. Simino

3. (b) If veteran, name war World War 1 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 10 minute 30 P. M.

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

Immediate cause of death Lobar Pneumonia

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify part of place)
While at work?..... (Specify means of injury)
23. Signature Albert H. Hoppe (By or for)
Address 4700 Washington Blvd., Date signed 12/21/47

5. Color or race White 6. (a) Single, widowed, married, divorced Married
4. Sex Male 0
6. (b) Name of husband or wife Mary Simino 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 10 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 9 hr. min.

9. Birthplace Ste. Genevieve Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Herman Body Company

12. Name John Simino

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Campbell

15. Birthplace Unknown Chatham Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Simino
(b) Address 6202 Chatham Avenue.,

17. (a) Burial (b) Date thereof 12/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) DEC 22 1947 (b) J. J. Brauch
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Elmo H. Padwell

Licensed Embalmer No. 4077

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.