

FILED DEC 31 1947 318
Registration District No.

Primary Registration District No.

Registrar's No. 11546

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:
St. Anthony's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3316 A; South Ninth St.
24 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gerard Simon

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. December 17 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 5 min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER

12. Name Emil Simon

13. Birthplace. Matteese, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Walburga Wanko

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

16. (a) Informant Emil Simon

(b) Address 3316 A. S. Ninth

17. (a) Burial (b) Date thereof 12/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Peter & Paul

18. (a) Signature of funeral director: Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) DEC 18 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1947 hour 8:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from 12-17
1947 to 12-17 1947
that I last saw him alive on 12-17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Prematurity

Due to Maternal Hypertension 6 mo

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) (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)

23. Signature J. F. Bredbeck (M. D. or other)
560 S. Compton Date signed 12/18/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Dr. Hester

5200 Colgate

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.....

No Embalming

Registered Apprentice No.

working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No. *3360*.....

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.