No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24723

Registrar's No. 6843

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. LOUIS CHILDREN'S HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 DAYS (Specify whether
In this community 17 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES 92

(c) City or town PORTAGE DES SIOUX 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? N.R. No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Joseph Simon

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex MALE

5. Color or race WHITE

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 JULY (Month) 11 (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	22	hr. min.

9. Birthplace ST. CHARLES (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business ✓

FATHER
12. Name John F SIMON
13. Birthplace PORTAGE DES SIOUX (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ETHEL EILERS
15. Birthplace WEST ALTON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant John F SIMON

(b) Address PORTAGE DES SIOUX, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 4, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation ST. FRANCIS CEM. PORTAGE DES SIOUX Mo

18. (a) Signature of funeral director H C Dollmeyer & Sons Co

(b) Address 80 N Second St St Charles Mo

19. (a) AUG 4 1948 (Date received local registrar) (b) J F Beebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 17, 1948, to August 3, 1948; that I last saw him alive on August 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Peritonitis	
Due to E. Coli Sepsis	
Due to	
Other conditions (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 D. L. Thurston (M. D. or other)

Address [illegible] Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) D.L.E. THURSTON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Not embalmed

Signed Joseph F Landwert

Licensed Embalmer No. 4189

P. O. Address St. Charles Mo

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.