

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAY 31 1950 STANDARD CERTIFICATE OF DEATH

State File No. 17239

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MERAMEC</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MAXVILLE 0500</b>	
c. LENGTH OF STAY (in this place) <b>1 yr 10 mo 24</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INF.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b> b. (Middle) <b>SIMON</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>5-19-50</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11/11/1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BREWERY</b>	11. BIRTHPLACE (State or foreign country) <b>MAXVILLE MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>HENRY SIMON</b>	13b. MOTHER'S MAIDEN NAME <b>ARELIA SCHENDING</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA DIEDRICH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bro. Paschal, St. Josephs Hill</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>181X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF THE BLADDER - CHRONIC</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MYOCARDITIS</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6/29, 1948**, to **5/15, 1950**, that I last saw the deceased alive on **5/15, 1950**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paschal</b>	23b. ADDRESS <b>3155 N. VANDEVENTER ST. PISTONIA, MO.</b>	23c. DATE SIGNED <b>6/19/50</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>5/27/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Creek Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5/20/50</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ruth J. Isaac</b>	438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Brimmer Home Springs, Mo.</b>
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Rev. John Brimmer (Licensed Embalmer's Statement on Reverse Side)

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

500  
5

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 5-29-50

**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 1470

P. O. Address

House Springs 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.