

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10638

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2091

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		a. STATE <i>Missouri</i> b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>2130A Biddle St.</i>	
3. NAME OF DECEASED (First) <i>Charles</i> (Middle) <i>Theodore</i> (Last) <i>Simus</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3-1-1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2-1-1907</i>
9. AGE (In years last birthday) <i>44</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Eda Pigfoot</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>
--------------------------------------	-------------------------------------------------	----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>William Hold</i>	ADDRESS <i>2130 Biddle St</i>
-----------------------------------------------------------------------------------------------------------------------	-------------------------	----------------------------------------------------------	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Broncho Pneumonia</i>  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>3-1-51</i>	19b. MAJOR FINDINGS OF OPERATION <i>lung</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-----------------------------------------	-------------------------------------------------	-------------------------------------------------------------------------------------

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)
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? <i>fall</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *4:50* a.m., from the causes and on the date stated above.

22a. SIGNATURE <i>Patrick B. Gayard</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3. 5. 51</i>
--------------------------------------------	-------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>3-7-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lemay Mo</i>
-------------------------------------------	----------------------------	----------------------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <i>MAK</i>	REGISTRAR'S SIGNATURE <i>J. B. Laster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bus Lowe</i>	ADDRESS <i>2930 Dickson St.</i>
----------------------------------------	----------------------------------------------	-----------------------------------------------------	------------------------------------

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

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

William G Lowe

working under my personal supervision.

Student Embalmer No. 399

Signed William G Lowe  
Student Embalmer

Signed Leroy H. Farnister  
Licensed Embalmer No. 4523

P. O. Address 3880 Exton Ave

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.