

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19059

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2339	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Stenton		c. LENGTH OF STAY (in this place) 74 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Stenton		2740	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL GENERAL DELIVERY				d. STREET ADDRESS (If rural, give location) RURAL GENERAL DELIVERY			
3. NAME OF DECEASED (Type or Print) a. (First) THERESA			b. (Middle)		c. (Last) SAMON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 2 - 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept 22 - 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Stenton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Bast			13b. MOTHER'S MAIDEN NAME Margaret Lang		14. NAME OF HUSBAND OR WIFE Michael Simon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary J. Nollan			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 5-8-51	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senile Debility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-13-1951 to 6-2-1951, that I last saw the deceased alive on 6-2-1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. F. Creasel M.D.				23b. ADDRESS Rt. 12 - Box 212 - Kirkwood Mo.		23c. DATE SIGNED 6/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/1951		24c. NAME OF CEMETERY OR CREMATORY St Pauls Embury		24d. LOCATION (City, town, or county) (State) Stenton Mo	
DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE Hubert R. Lomax M.D.		FUNERAL DIRECTOR'S SIGNATURE John H. Blummer		ADDRESS House Springs Mo	

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

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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

John H. Blimmer

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.