

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31936

State File No. \_\_\_\_\_

FILED SEP 21 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3175

4006

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4335</u>	
c. LENGTH OF STAY (In this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>7301 Teasdale Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7301 Teasdale Ave.,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLY</u> b. (Middle) <u>B.</u> c. (Last) <u>SIMON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Sept. 5, 1857</u>		9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>12</u> YEARS <u>12</u> HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville, Ky.,</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Bakrow</u>		13b. MOTHER'S MAIDEN NAME <u>Frieda Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Jacob Simon</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julian Simon-7301 Teasdale Ave.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>				<u>years</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					

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)		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 1930 to 9/17, 1951, that I last saw the deceased alive on 7/17, 1951, and that death occurred at 7:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herison M. Meyer M.D.</u>		23b. ADDRESS <u>4409 West Pine</u>		23c. DATE SIGNED <u>9/17/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-18-51</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mathewman Rudolph, Inc.</u>		ADDRESS <u>5716 Delmar</u>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Peter B. Dubouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *369*

P. O. Address *Richmond Heights, 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.