

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10589**

FILED APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2800**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2099</b>	
d. STREET ADDRESS <b>4547a Alice Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Simon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 24 - 52</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1 - 5 - 86</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Richard Murphy</b>	
13b. MOTHER'S MAIDEN NAME <b>Julia Ford</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph J. Simon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Joseph J. Simon</b>		ADDRESS <b>4547a Alice Ave.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Inf. Cerebrovascular hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arr. Fibrillation</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>321X</b>		22. I hereby certify that I attended the deceased from <b>3/23</b> , 19 <b>52</b> , to <b>3/24</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/23</b> , 19 <b>52</b> , and that death occurred at <b>6:40 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Island E. Davis M.D.</b> (Degree or title)		23b. ADDRESS <b>230 Pac Hosp.</b>	
23c. DATE SIGNED <b>3/24/52</b>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/27/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		DATE REC'D BY LOCAL REG. <b>MAR 25 1952</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>	
ADDRESS <b>2630 Gravois Ave.</b>			

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.....

*Robert F. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4144*

P. O. Address *7630 Grand*

**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.