

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22653

State File No.

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5341**

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 Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			d. STREET ADDRESS (If rural, give location) 25 1220 North 8th st.		
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) A.	c. (Last) SIMON	4. DATE OF DEATH (Month) (Day) (Year) 6 9 52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-6-1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) parts clerk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Ed. Simon		13b. MOTHER'S MAIDEN NAME Minnie Traubolt		14. NAME OF HUSBAND OR WIFE Bula Simon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Simon, Paris, Mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE MYELOMA		INTERVAL BETWEEN ONSET AND DEATH 6 months
			ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) MILIARY TUBERCULOSIS		1 year
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 01.9.24		
22. I hereby certify that I attended the deceased from 6-4 , 19 52 , to 6-9 , 19 52 , that I last saw the deceased alive on 6-9 , 19 52 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE FR Bradley		(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4	24b. DATE 6-9-52	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Paris, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 10 1952 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed-Blakey, Paris, Mo.			

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.

Student
Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. 4566

P. O. Address *St Louis 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.