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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30042**  
Registrar's No. **8063**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>2249</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 0</b>	c. LENGTH OF STAY (In the place) <b>Surge</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>24 3316a So. 9th</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMIL</b>	b. (Middle) <b>HUBERT</b>	c. (Last) <b>SIMON</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>8 22 52</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 12, 1900</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Pauley Jail Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Emil Simon</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Bast</b>	14. NAME OF HUSBAND OR WIFE <b>Walburga Simon</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>197-01-8342</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walburga Simon, 3316a So. 9th</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMATOSIS;</b>		8 MONTHS.
	ADENOCARCINOMA OF THE SIGMOID COLON		
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.			

19a. DATE OF OPERATION <b>7/12/52</b>	19b. MAJOR FINDINGS OF OPERATION <b>RESECTION OF THE SIGMOID COLON</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>153K</b>
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22. I hereby certify that I attended the deceased from **6/29**, 19 **52** to **8/22**, 19 **52**, that I last saw the deceased alive on **8/22**, 19 **52**, and that death occurred at **6:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. D. Miller, M.D.</b>	23b. ADDRESS <b>600 S. KINGSHIGHWAY</b>	23c. DATE SIGNED <b>8/23/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 26, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 25 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co., 7420 Michigan</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*M. W. Renter*

Licensed Embalmer No. \_\_\_\_\_

4865

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.