

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4410**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve 0951	
d. FULL NAME OF HOSPITAL OR INSTITUTION 199 S. Main		d. STREET ADDRESS (If rural, give location) 199 S. Main	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) N.	c. (Last) Simon Sr.	4. DATE OF DEATH (Month) Jan. (Day) 4, (Year) 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1879	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Soda Mfg	11. BIRTHPLACE (State or foreign country) Ste. Genevieve, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Simon	13b. MOTHER'S MAIDEN NAME Mary Boyer	14. NAME OF HUSBAND OR WIFE Olivia Petrequin
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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) No	16. SOCIAL SECURITY NO. 500-18-2671	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Simon Sr.	ADDRESS Ste. Genevieve, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days 18 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis 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. 4201			

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 Feb 2, 1950, to Jan. 4, 1953, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 10³⁰ P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>William E. ... (M.D.)</i>	23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 1-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Missouri
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DATE REC'D BY LOCAL REG. Jan. 6, 1953	REGISTRAR'S SIGNATURE <i>Luille ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Genevieve ...</i>	ADDRESS Ste. Genevieve, Mo.
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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 _____

Jerome A. Stanton
Licensed Embalmer No. 3817

P. O. Address Ste Genevieve

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.