

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8279

No. 300
10.48

FILED MAR 4 - 1953
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 611

4001
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Ch. Helbing - 3903 Olive St.

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) OR TOWN <u>Pagedale</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1205 Iona Ave.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pagedale</u>	
3. NAME OF DECEASED a. (First) <u>LOUIS</u> b. (Middle) _____ c. (Last) <u>SIMON</u>		d. STREET ADDRESS (If rural, give location) <u>1205 Iona Ave.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 1, 1880</u>	
9. AGE (in years) (Month) (Day) (Hour) <u>72 10 18</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Ret. Maintenance</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>? Simon</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Simon</u>		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>494-10-8298a</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Simon</u> ADDRESS <u>1205 Iona, Pagedale</u>	
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>Coronary sclerosis</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> 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		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from <u>2-19, 1953</u> , to <u>2-19, 1953</u> , that I last saw the deceased alive on <u>2-19, 1953</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Richard Helbing MD</u>		23b. ADDRESS <u>3903 Olive St. Louis</u>	
23c. DATE SIGNED <u>2-20-53</u>		24. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/23/53</u>	
24c. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boyle Jr.</u> ADDRESS <u>Kirkwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-21-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	

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 Felix Armand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.