

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41163**  
**10371**  
Registrar's No. \_\_\_\_\_

No. 300  
10.48

FILED NOV 19 1953

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>2169</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>		d. STREET ADDRESS (If rural, give location) <b>16 3405 Dunnica St.,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Marie</b> c. (Last) <b>Simon,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 31, 1953</b>	
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single.</b>	8. DATE OF BIRTH <b>August 28, 1937</b>
9. AGE (In years last birthday) <b>16</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highschool,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph H. Simon,</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine C. Moeller,</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-38-8258</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph H. Simon,</b> ADDRESS <b>3405 Dunnica St.,</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Fracture of skull; 2. Subdural Hemorrhage; 3. Gastro Malacia; suffered in collision between car operated by one Frank Foulke and car operated by Jacqueline Peterson (dec'd) in which deceased was a passenger, and car operated by one Billy Johnson on Highway #61, 0.9 miles north of Highway #110 Jefferson County, Mo., about 6:45 P.M.</b> II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Oct. 30th, 1953. ACCIDENT</b>	
20. Autopsy? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson City Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 30 53 6:45</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>E8164</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:40A.</b> m., from the causes and on the date stated above. <b>26</b>			
23. SIGNATURE <b>Patrick L. Taylor, Coroner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>11.2.53.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>	24b. DATE <b>11/3/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>NOV 2 1953</b>	REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b> ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_ **me**

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe S. Benz*  
Licensed Embalmer No. *4249*

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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.