V.S. No. 300
Rev. 10-48

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41162
BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10204

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

1. PLACE OF DEATH
- a. COUNTY:
- b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
- c. LENGTH OF STAY (in this place):
- d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
- a. STATE: Mo.
- b. COUNTY: St.Louis
- c. CITY OR TOWN: University City
- d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
- e. STREET ADDRESS (If rural, give location): 7514 Melrose Ave.

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) c. (Last) SIMON

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 4,1884
9. AGE (In years last birthday): 69 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Unknown Stock
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Late Henry A. Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Henry W. Simon 7514 Melrose Ave.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lung Infarct	14 da
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocardial failure	6 da
DUE TO (c)	Diabetes mellitus	?
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:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

260X

22. *I hereby certify that I attended the deceased from* Oct 5, 1953, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 25, 1953 *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rue G McFinney MD
23b. ADDRESS: 504 Thekla St Louis
23c. DATE SIGNED: 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct.28,1953
24c. NAME OF CEMETERY OR CREMATORY: Hiram Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: OCT 27 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Kriegshauser 4228 S.Kingshighway Bl.

m 9 A

(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 ....., Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kingsbury

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.