

FILED MAR 7 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 6512  
Registrar's No. 1514

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>6512</b>		Registrar's No. <b>1514</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>2Y 11M 27D</b>		c. CITY OR TOWN <b>St. Louis</b>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHRONIC HOSPITAL</b>					STREET ADDRESS (If rural, give location) <b>5600 Arsenal St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b>		b. (Middle) <b>A.</b>		c. (Last) <b>SIMON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 1955</b>			
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>12-1-1865</b>		9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Conrad Simon</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Hunt</b>			14. NAME OF HUSBAND OR WIFE <b>SOPHIE SIMON</b>			
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>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARIE BERNSTEIN 4645 OREGON</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION								
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hypertensive Cardiovascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>yes.</b>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Generalized Arteriosclerosis</b>			DUE TO (b) <b>yes.</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							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443x</b>					
22. I hereby certify that I attended the deceased from <b>Feb. 19, 1952</b> , to <b>Feb. 16, 1955</b> , that I last saw the deceased alive on <b>Feb. 16, 1955</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>George Esker M.D.</b>					23b. ADDRESS <b>5600 Arsenal St.</b>			23c. DATE SIGNED <b>2/17/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OLD ST MARCUS CEM.</b>			24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>			
DATE REC'D BY LOCAL REG. <b>FEB 17 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6322 50 BRAND BLVD. ST LOUIS MO.</b>				

S. R. (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.....  
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*.....

Licensed Embalmer No. *4510*.....

P. O. Address *6322 So. Dr*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.