No. 300
10.48

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

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3253

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 299

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
c. LENGTH OF STAY (In this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 315 N. Dickson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4003
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 315 N. Dickson Kirkwood Mo

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

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 6, 1855
9. AGE (In years last birthday) 100 — IF UNDER 1 YEAR: Months 7, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Structural Engineer
11. BIRTHPLACE (City and State or Foreign Country) Louisville, Ky.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Alfred Simon
13b. MOTHER'S MAIDEN NAME Sarah Christopher
14. NAME OF HUSBAND OR WIFE Etta 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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Trask — **ADDRESS** 315 N. Dickson, Kirkwood, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DUE TO (b) Fall on steps — ?

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 E-9000
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Kirkwood (COUNTY) St. L. (STATE) Mo
21d. TIME OF INJURY (Month) Jan (Day) 30 (Year) 1956 (Hour) 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fall down steps

22. I hereby certify that I attended the deceased from DOA to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Stoelzle (Degree or title) M. D.
23b. ADDRESS 1099 N. Jefferson, Kirkwood Mo
23c. DATE SIGNED 1/31/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/1/56
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) Paducah, Ky. (State)

DATE REC'D BY LOCAL REG. 1-31-56
REGISTRAR'S SIGNATURE Herbert R. Woods M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Boff, Dir. **ADDRESS** Kirkwood Mo.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kukuro

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