

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11752

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 597

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unk</u> b. COUNTY <u>Unk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY OR TOWN <u>Unk</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		• STREET ADDRESS (If rural, give location) <u>Unk</u> <u>444 1/2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u> b. (Middle) <u>Colored</u> c. (Last) <u>Farter</u> <u>Unknown</u> <u>Male</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>1</u> <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unk</u>	8. DATE OF BIRTH <u>5-5-1913</u> <u>AB. 40.</u>
9. AGE (In years last birthday) <u>43</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unk Clarendon Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>Unk</u>	13a. FATHER'S NAME <u>Unk</u>	13b. MOTHER'S MAIDEN NAME <u>Unk</u>	14. NAME OF HUSBAND OR WIFE <u>Unk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Louis County Hospital Clayton Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia.</u> ANTECEDENT CAUSES DUE TO (b) <u>Subdural Hematoma</u> DUE TO (c) <u>Fx of Left Femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9365</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 days</u> <u>10 days.</u>
19a. DATE OF OPERATION <u>2/23/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdural Hematoma - Bilateral</u> <u>48</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open Verdict</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400 ST. Louis Mo.</u>	21f. HOW DID INJURY OCCUR? <u>Unk</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 20, 1956 7:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>2-20-</u> , 19 <u>50</u> , to <u>3-1-</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>3-1-56</u> , 19 <u>56</u> , and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Herbert A. Dombard M.D.</u>		23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>3-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>	24b. DATE <u>3/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>
DATE REC'D BY LOCAL REG. <u>3/2/56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Anatomical Board - St. Louis, Mo.</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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