

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39812**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10055**

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

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. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>75 yrs</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>Alexian Bros. Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>7623 Vermont Ave</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>G.F.</b>	c. (Last) <b>SIMON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 2, 1956</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>June 15, 1881</b>	9. AGE (In years last birthday) <b>75</b>	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) <b>retired printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>religious publications</b>	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles Simon</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Hoffmann</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Breihan 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>489-05-0025</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katherine Simon 7623 Vermont Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart Disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>10 yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>2/10, 1956</b> , to <b>11/2, 1956</b> , that I last saw the deceased alive on <b>11/2, 1956</b> , and that death occurred at <b>1:50 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Michael L. Bartmel M.D.</b>			23b. ADDRESS <b>7615 So Broadway</b>		23c. DATE SIGNED <b>11/3/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov. 5, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 5 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</b>	

*M. J. A.*

(Licensed Embalmer's Statement - on Reverse Side)

7615 No. Broadway  
Rev. M. S. Partridge  
D. 2 - 3706

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 Delia J. Krupnik  
Licensed Embalmer No. 34  
P. O. Address St. Louis

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.