

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39814

FILED NOV 28 1956

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10149**

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6419 Marquette Ave.</b>		Length of stay in lb <b>6 yrs. 2/49</b>	d. STREET ADDRESS (If outside, give location) <b>6419 Marquette Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Ann</b> Last <b>Simon</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>6</b> Year <b>1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 25, 1872</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13. FATHER'S NAME <b>William Camien</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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>		14. MOTHER'S MAIDEN NAME <b>Sophie Klieforth</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Adolph Simon 9963 Norbridge La.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemiplegia (Hemiplegia)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Arteriosclerosis Arteriosclerosis</b> <b>5 years</b>
			DUE TO (c) <b>Chronic Arthritis Chr. Arthritis</b> <b>2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>- 334x</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>April 8 '56</b> to <b>Nov 6 '56</b> and last saw her <b>Nov 5 - 1956</b> alive on <b>Nov 5 - 1956</b> Death occurred at <b>3:15 Pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. J. Salisbury</b> (Degree or title)		22b. ADDRESS <b>3548 Sidney St</b>	22c. DATE SIGNED <b>11/7/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>Nov. 9, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>
24. FUNERAL DIRECTOR ADDRESS <b>Holmeister Colonial Mortuary</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>NOV 7 1956</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
6464 Chippewa St., St. Louis, Mo.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, welfare, public service, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Part I. Do not use symbols or abbreviations. Do not use "died" or "suffered" in Part I. Do not use "died" or "suffered" in Part I. Do not use "died" or "suffered" in Part I.

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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 *Lewis C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 7814 St

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.