

THE DIVISION OF HEALTH OF MISSOURI  
FILED DEC 27 1956 STANDARD CERTIFICATE OF DEATH

State File No. **43886**  
Registrar's No. **11274**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Collinsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish</b>		d. STREET ADDRESS (If rural, give location) <b>420 North Center Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b>		b. (Middle)		c. (Last) <b>SIMON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 8 1956</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 1889</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Simon Skendelis</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>324-26-8192</b>		17. INFORMANT'S SIGNATURE/ OR NAME <b>William Simonson, Ill.</b> ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage?</b>						<b>20 hrs</b>	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Cerebral Ischemia</b></p> <p>DUE TO (c) <b>Gastric Ulcer - Hemorrhage</b></p>						<b>20 hr.</b>	
		II. OTHER SIGNIFICANT CONDITIONS						<b>2 days</b>	
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><b>Hypertension - Severe</b></p>							

19a. DATE OF OPERATION <b>12-6-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bleeding Gastric Ulcer 5400</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **12-6**, 19**56**, to **12-8**, 19**56**, that I last saw the deceased alive on **12-8**, 19**56**, and that death occurred at **9<sup>AM</sup>** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lester J. Nathan</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>216 So. Kennehawney</b>		23c. DATE SIGNED <b>12-10-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/11/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>Collinsville, Illinois</b>	
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DATE REC'D BY LOCAL REG. <b>DEC 10 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert L. Kasty</b> ADDRESS <b>Collinsville, Ill.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

*not embalmed*  
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 .....

Student Embalmer

Signed

*Herbert A. Kandy*

Licensed Embalmer No. *6890*

P. O. Address *Coltsville, Ill.*

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 this body is not embalmed, fact should be so stated above.