

Health, Welfare, Public Service
 300
 4-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26563

FILED JUL 26 1957

STATE FILE NUMBER
 6328

318

1003

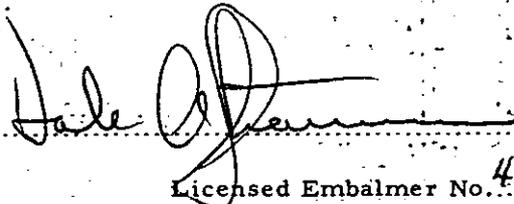
Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 37 956 Hamilton Ave.		d. STREET ADDRESS (If outside, give location) 1125 Walsh St.	
3. NAME OF DECEASED (Type or print) ALVIN JACOB SIMON		4. DATE OF DEATH Month Day Year July 6 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 24, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker-Anh		100. KIND OF BUSINESS OR INDUSTRY Busch Inc.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Alvin Simon		14. MOTHER'S MAIDEN NAME Adeline Zeller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 489-07-0551	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Atherosclerosis, Generalized DUE TO (c) 420.1 CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Diabetes Mellitus with Bilateral Leg Amputation		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 WORK <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 12/1/56 to July 6, 1957 and last saw her alive on 7/6/57 Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Loren Heubner MD.		22b. ADDRESS 607 No Grand	
22c. DATE SIGNED 7/8/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE July 9, 1957		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. JUL 8 '57		26. REGISTRAR'S SIGNATURE J Carl Smith MD	

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. 45

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.