

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42613

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11794

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Irondale	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8118 Waddell			Length of stay in lb 2 months	d. STREET ADDRESS (If outside, give location) 31	
3. NAME OF DECEASED (Type or print) First Middle Last Lillie Belle Simino			4. DATE OF DEATH Month Day Year Dec. 8, 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Ben Rice		13b. MOTHER'S MAIDEN NAME Bittie Vaughn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Oliver Simino		Address Arnold, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> <u>Cerebral Thrombosis</u> <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH Immediate 10 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.) 11-27-57		20f. CITY, TOWN, OR LOCATION 12-8-57	COUNTY	STATE
21. I attended the deceased from <u>11-27-57</u> to <u>12-8-57</u> and last saw her alive on <u>12-8-57</u> Death occurred <u>12-8-57</u> <u>12-8-57</u> <u>5:10 A.M.</u> in <u>Illinois</u> at <u>510 A.M.</u> as stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul Rosenberg</u> (Degree or title) <u>Paul Rosenberg</u> D.O. D.O.			22b. ADDRESS <u>9438a Gravois</u> <u>9438A Gravois, Aftm, Mo.</u>		22c. DATE SIGNED <u>12-9-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE <u>Dec. 9, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>Irondale, Mo.</u>	
24. FUNERAL DIRECTOR <u>Caldwell</u>		ADDRESS <u>Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 9 '57</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u> <u>ms</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 'All diseases in Part I must be causally related.'

STATE OF MISSOURI

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 Homer W. Dintz

Licensed Embalmer No. 3882  
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.