

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004474

FILED VS. FEB. 1 1960 317 Registration District No. Primary Registration District No. 547 Registrar's No. 185 STATE FILE NUMBER 60-004474

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights	Length of stay in 1b 23 years	c. CITY OR TOWN Richmond Heights	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 65 Lake Forest	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 65 Lake Forest	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ira Middle B. Last Simon			4. DATE OF DEATH Month Jan. Day 17 Year 1960		
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1881	9. AGE (last birthday) 78 years	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler		10b. KIND OF BUSINESS OR INDUSTRY Liquor	11. BIRTHPLACE (City and state or country) Louisville, Ky.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Simon		13b. MOTHER'S MAIDEN NAME Sallie Bakrow		14. NAME OF HUSBAND OR WIFE Laura H. Simon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 40		16. SOCIAL SECURITY NO. 489-05-0929	17. INFORMANT Julian Simon Address 7301 Teasdale		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the sigmoid		INTERVAL BETWEEN ONSET AND DEATH 6 years
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____	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 **April - 1954** to **Jan 17 - 1960** and last saw ^{her} ~~him~~ alive on **Jan 17 - 1960**
Death occurred at **8:05 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman M. Meyer M.D.		22b. ADDRESS 4409 West Pine		22c. DATE SIGNED 1/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	23d. LOCATION (City, town, or county) St. Louis Co. Mo.	(State)
24. FUNERAL DIRECTOR ADDRESS Mayer Funeral Home, 4356 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 1-19-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dipe

Licensed Embalmer No. 4190

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.