WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

216

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 55

City St. Joseph, (No. 3905 King Hill Avenue, St. Ward)

2. FULL NAME Charles Simon Simineo,

(a) Residence, No. 3905 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Simineo,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1869,

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Foreman 106

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Co.

10. Date deceased last worked at this occupation (month and year) January 1932 — 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskorn, Michigan, 2

FATHER

13. NAME Simon Simineo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown 31

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. Chas. S. Simineo 3905 King Hill Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE Jan. 18, 1932

19. UNDERTAKER (ADDRESS) Heaton-BrGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED JAN 18 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset: unknown

92A

92A

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... (5)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis