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.

MAR 24 1934

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

Do not use this space.

File No. 6377

Registered No. 54

1. PLACE OF DEATH
County: St. Louis
Registration District No. 790
Township: Central
Primary Registration District No. 6033a
City: Clayton (No. St. Louis County Hosp. St. Ward)

2. FULL NAME: Simon Vernon Jr.
(a) Residence, No. Rose Ave & Wm S. Rd St. Kirkwood.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 - 1933

7. AGE: YEARS | MONTHS: 6 | DAYS: 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Vernon Simon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas MO

MOTHER
15. MAIDEN NAME: Fanny Glenn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): Vernon Simon Jr. Rose Ave & Old Sappington Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tatter Difoons DATE: 2/16 1934

19. UNDERTAKER (ADDRESS): A. F. Walsh 4212 S. Broadway

20. FILED: 2/16 1934 Robt J. Cauhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/13/34 .19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/34 to 2/13/34, 19.... I last saw h. alive on 2/13/34, 19.... Death is said to have occurred on the date stated above, at 10:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Pneumonia	2/9/34

Other contributory causes of importance: Asphyxia Convulsions

Name of operation: Date of:
What test confirmed diagnosis? Yes 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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) J. J. Cavagrande M. D.
(Address) St. Louis County Hosp.

#2

St Louis Co

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

6377

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
54

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Vernon Simon Jr

Who died at _____ on Feb 13-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race B Single, ~~married, widowed or divorced~~: _____

Date of birth _____ Age: Years 0 Months 6 Days 19

Was this Lobar of Broncho-Pneumonia?

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

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Pneumonia (Broncho-pneumonia)

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Asphyxia - Convulsions 07 a

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Robt J Cuchrists Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.
S. C.

Special Agent.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033 a

L269-S