

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

Do not use this space.

MAR 24 1934

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1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 7602, Virginia Ave)

Registration District No. 1003
Primary Registration District No. 1003

File No. 1482
Registered No. 1482
St. 1 Ward

2. FULL NAME

(a) Residence, No. 7602 Virginia Ave, 1 Ward.

(If nonresident, give city or town and State)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>84</u>	<u>3</u>	<u>1</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Louisiana

13. NAME Christopher Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Louisiana

15. MAIDEN NAME Margaret Porto

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Louisiana

17. INFORMANT Lena Simon (ADDRESS) 7602 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL, PLACE Mattave Mo DATE Feb 7 1934

19. UNDERTAKER J. P. Fendley Jr (ADDRESS) 7228 Michigan Ave

20. FILED 1934 J. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from JULY, 1932 to FEB. 7, 1934

I last saw him alive on FEB. 7, 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Chronic Myocarditis
Valvular Heart Disease
Heart Block
Engorged Heart

Date of onset see

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

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 George A. O'Sullivan M. D.
(Signed)
(Address) 1421 W. Schermer

DEC 1 1966