AUG - 5 1937

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

Do not use this space.

25465

File No. 6639

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hosp 5 St. Ward)

2. FULL NAME Infant Simon

(a) Residence, No. 9421 Edmond Dr., St., N.R. Ward. Overland Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	0	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Mo.

FATHER

13. NAME John B. Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.

MOTHER

15. MAIDEN NAME Marie C. Ahlers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT John B. Simon
(ADDRESS) Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maxwell, Mo. DATE July 10 1937

19. UNDERTAKER Ostmann Funeral Home
(ADDRESS) 9127 Lackland Overland Mo.

20. FILED JUL 10 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1937

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 11 P m.

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

	Date of onset
Stillborn	

Other contributory causes of importance:

Knot in Umbilical cord

Name of operation None Date of ——

What test confirmed diagnosis? Clinical 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) Herman J. Kloecker M. D.

(Address) 9661 Lackland Rd.

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