

REC'D MAY 10 1939

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

13035
Do not use this space.

791
1008

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **3377**
 (c) City St. Louis (d) Street No. 5432 Nottingham Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edna Heron - Simonds

- (a) Residence, No. 5432 Nottingham Ave St. 14
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Heron</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 1875</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>4</u>
		<u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>at Home</u>		
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) <u>Precy Ill</u>		
13. NAME <u>Thomas Guyman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unkown</u>		
15. MAIDEN NAME <u>Sarah Carter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unkown</u>		
17. INFORMANT <u>Sammel W Simonds</u> (ADDRESS) <u>5432 Nottingham Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Precy Ill</u> DATE <u>April 13 39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Kriegshauser Und Co</u> (ADDRESS) <u>4228 So. Kinghighway Blvd</u>		
20. <u>APR 11 1939</u> 19..... <u>J. F. Bredbeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1938 to Apr 10 1939
 I last saw her alive on Apr 10 1939. Death is said to have occurred on the date stated above, at 11.35 PM
 The principal cause of death and related causes of importance were as follows:
Carcinoma right Breast Date of onset 10/18/38
metastases left hip joint + Rt. orbital cavity

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? X-ray of hip Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury:, 19.....
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify
 (Signed) D. F. Cleveland, M. D.
 (Address) 5930 Southport Ave

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.

1 X 1605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.