No. 2
-13-40
17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 87

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 87

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 701 Lynch St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2319 (If outside city or town limits, write "RURAL")

(d) Street No. 701 Lynch St. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jacob W. Simon

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 2 (Month) 1871 (Day) (Year)

8. AGE: Years 69 Months 11 Days 1 If less than one day hr. min.

9. Birthplace 1 Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation Grocery Proprietor

11. Industry or business

FATHER
12. Name Simon
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henriette Spiller
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Charles Rathert

(b) Address 4032 Tholozan Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wm Bro. L & Nto

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 8 1941 (Date received local registrar) (b) J. F. Budach III (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1941 hour 2 minute 50 a. M.

21. I hereby certify that I attended the deceased from May 23-39, 19 to Jan 3rd, 1941 that I last saw him alive on Dec 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 year
Due to Chronic enteritis hepatitis	1 year
Due to arterial sclerosis	??
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury 0

23. Signature William Slmko (M. D. or other)

Address 3450 Grovois Ave Date signed 1/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shamblin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shamblin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.