

REC'D FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 986

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
859 A. Cowan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 39 years

3. (a) PRINT FULL NAME Peter Frank Simenot

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Woerther 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 8 hr. min.

9. Birthplace Kankakee Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Simenot
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Simenot

(b) Address 859 A. Cowan St.

17. (a) Burial (b) Date thereof 1 31 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Brock

(b) Address 2117 E. Grand

19. (a) JAN 30 1941 (b) J. A. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000
(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")
(d) Street No. 859 A. Cowan 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Jan 28, 1941; that I last saw him alive on Jan 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death myoplexemia urethralis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Wm. Ross (M. D. or other) _____

Address 1918 1/2 Grand Date signed Jan 30/41

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

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

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.