

FILED FEB 24 1942 91

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Frederick Simon

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased Nov 6 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 2 22 hr. min.

9. Birthplace ST LOUIS MO U
(City, town, or county) (State or foreign country)

10. Usual occupation ELEVATOR CONT RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name WM SIMON 4

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA BRENNAN

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. C. Sierlein

(b) Address 411 Algonquin Pl. Wash. Ave

17. (a) Cremation (b) Date thereof 1-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Cemetery

18. (a) Signature of funeral director Charles J. Cron

(b) Address 4911 Washington

19. (a) JAN 29 1942 (b) J. F. Buddeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3225 Montgomery - Oakmont
(If rural, give location) Letter

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,
year 1942 hour 2:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 19, 1942 to January 28, 1942
that I last saw h. im alive on January 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Benign Prostatic Hypertrophy Duration _____

Due to _____

Due to _____

Other conditions Cystitis, Acute - 2) Nephritis
(Include pregnancy within 3 months of death)
Suppurative, acute & not from

Major findings: Chronic Neph. PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy 1370

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 Sw. Streuler (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 1/28/42

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

4-88/971

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 Thomas R Fenwick

Licensed Embalmer No. 3793

P. O. Address. St Louis Mo

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, fact should be so stated above.