

FILED DEC 11 1942  
318

Registration District No. .... Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
2213 Menard St.  
(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)

3. (a) PRINT FULL NAME LOUISE SIMONIS

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

4. Sex Female 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 SEPT. 7th 1873  
(Month) (Day) (Year)

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

69	2	23	hr. min.
----	---	----	----------

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business At Home.

12. Name Nicholas Simonis

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

14. Maiden name Unknown

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

16. (a) Informant William Kelt  
(b) Address 2213 Menard St.

17. (a) Burial (b) Date thereof Dec 3 / 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thoresen & Son  
(b) Address 2906 Gravois Ave

19. (a) DEC 1 1942 (b) J. J. Brudech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
923

(d) Street No. 2213 Menard St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1942 hour 12 05 P.M.

21. I hereby certify that I attended the deceased from Jan 10  
1942 to Nov 30 1942,  
that I last saw her alive on Nov 30 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Myocarditis 9 months

Due to Chronic Intestinal nephritis 7 or 8 months

Other conditions (Include pregnancy within 3 months of death) 1/21

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?..... (c) Means of injury.....

23. Signature Ellen G. Bina (M. D. or other).....  
Address 1841 2126 Date signed 0

**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.....

*David L. Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *2906 Hoover*

**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.**