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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34705
State File No. _____
Registrar's No. 9498

Registration District No. 318

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5442 Chippewa 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 LeRoy Simon
(b) If veteran, name war World War 1
3. (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 Frances
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 6 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 25 hr. _____ min.

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

10. Usual occupation Paper Broker

11. Industry or business For Self

12. Name Henry Simon

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

14. Maiden name Elizabeth Page

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

16. (a) Informant Frances Wright Simon

(b) Address 5442 Chippewa St.

17. (a) Burial (b) Date thereof 11 4 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 1 1948 (b) J. B. Sarator
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5442 Chippewa St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 (320)
year 1948 hour 3 am minute 20 (a.m.)

21. I hereby certify that I attended the deceased from 9-20-1945
_____ 19____ to Nov 1 1948
that I last saw him alive on Oct. 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Angina Pectoris 6 mo
Duration 7

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

Major findings:
Of operations _____
Of autopsy none

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?

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

23. Signature Almond Mullen (M. D. or other) _____
Address 119 Canal Club Bldg Date signed Nov 1 1948

DEC 16 1948

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..... *William B. White*

Licensed Embalmer No..... *4291*

P. O. Address..... *422 E. de Koning Highway*

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.