

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41032**

FILED NOV 22 1952

81476
22 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2908**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Richmond Heights	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 7509 A. Hoover 4495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7509 A. Hoover			

3. NAME OF DECEASED (Type or Print) a. (First) Eileen		b. (Middle) Marie		c. (Last) Simon's		4. DATE OF DEATH (Month) (Day) (Year) NOV 11 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 11-1-52	
9. AGE (In years last birthday) 11 days		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Hours 11		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) St. Louis 0		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME P.A. Simon's		13b. MOTHER'S MAIDEN NAME Catherine Guichard		14. NAME OF HUSBAND OR WIFE None	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Simon's		ADDRESS 7509 A Hoover 1	
---	--	-------------------------------------	--	--	--	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inter - Atrial Septal Defect Cocartetator & Aortic Patent Ductus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUO TO (b) Tracheo - Bronchitis DUO TO (c) Chronic Passive Congestion Lungs				INTERVAL BETWEEN ONSET AND DEATH 11 days 2.4 hours	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 522X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. R. Hamilton		(Degree or title) 24 0.		23b. ADDRESS 35 N. Central, Clayton		23c. DATE SIGNED 11/11/52	
---	--	--------------------------------	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
--	--	----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 11-11-52		REGISTRAR'S SIGNATURE Hubert R. Danks		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn		ADDRESS 1389 Union	
---	--	---	--	--	--	------------------------------	--

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Ben Hoffman*.....

Licensed Embalmer No. *4366*.....

P. O. Address.....

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.