

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4079

State File No.

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 0213

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6302 N. Rosebury</u>		d. STREET ADDRESS (If rural, give location) <u>6302 N. Rosebury 4462</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>S.</u>	c. (Last) <u>SIMON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR <u>3</u> Months <u>9</u> Days	IF UNDER 18 HRS. <u>9</u> Hours <u>Min.</u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Parts</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York, N. Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Abraham Simon</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lowitz</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie C. Simon</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-34-4679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. S. Simon</u>	ADDRESS <u>6302 N. Rosebury</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis - decompensated</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary occlusion in 1950</u> DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary infarct - Cerebral thrombosis 1950</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>
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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?
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22. I hereby certify that I attended the deceased from July, 1950, to Jan 20, 1953, that I last saw the deceased alive on Jan 18, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Kleinschmidt M.D.</u>	23b. ADDRESS <u>508 N. Grand St. St. Louis</u>	23c. DATE SIGNED <u>1/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/21/53</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Beth Hamedrosh Hagodol</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-21-53</u>	REGISTRAR'S SIGNATURE <u>Hester R. D...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>5216 Del...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

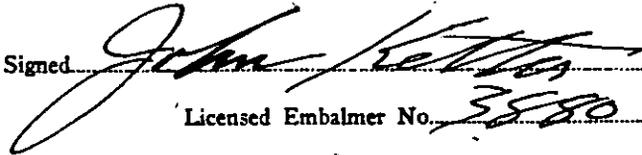
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3580

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.