

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30423

FILED AUG 20 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7393**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2247	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1929 Withnell		d. STREET ADDRESS (If rural, give location) 24 1929 Withnell	

3. NAME OF DECEASED (Type or Print)		a. (First) Anton		b. (Middle) ---		c. (Last) Simonis		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 30, 1889		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Joseph Simonis		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Anna Simonis (nee Jaksa)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 487-36-5145	17. INFORMANT'S SIGNATURE OR NAME Anna Simonis 1929 Withnell		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		DUPLICATE OF (a)					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4/20/53		19b. MAJOR FINDINGS OF OPERATION 2-9.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 1999	

22. I hereby certify that I attended the deceased from **3/20, 1953**, to **7/28, 1953**, that I last saw the deceased alive on **7/27, 1953**, and that death occurred at **12:02 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Edward H. Hunter M.D.		23b. ADDRESS 1504 So. Brent		23c. DATE SIGNED 7/30/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31, 1953	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
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DATE REC'D BY LOCAL REG. JUL 30 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D. mjb		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, 18, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WHITE PRINTING - 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lorox E. Perry

Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.