

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1954

3575

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY _____					
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,		d. STREET ADDRESS (If rural, give location) 2169 16 3405 Dunnica St.,			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,				d. STREET ADDRESS (If rural, give location) 2169 16 3405 Dunnica St.,					
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Henry		c. (Last) Simon,			
4. DATE OF DEATH April 19, 1954.		5. SEX Male,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,			
8. DATE OF BIRTH December 28, 1898		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler,		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler,		10b. KIND OF BUSINESS OR INDUSTRY Brewery of Griesedieck Bros.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph H. Simon,		13b. MOTHER'S MAIDEN NAME Magdalen Lemberger,		14. NAME OF HUSBAND OR WIFE Katherine C. Simon,					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-07-0587		17. INFORMANT'S SIGNATURE OR NAME Katherine C. Simon, ADDRESS 3405 Dunnica St.,					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Lip				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Cancer Liver, Lung, and Brain					
19a. DATE OF OPERATION 10/3/57		19b. MAJOR FINDINGS OF OPERATION Excision tumor Lip, Radical Neck Dissection				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) 140X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 9-6, 1952 , to _____, 19____, that I last saw the deceased alive on 4/18, 1954 , and that death occurred at 4:45AM , from the causes and on the date stated above.									
23a. SIGNATURE F. X. Paletto (Degree or title) M.D.				23b. ADDRESS Missouri Throat & Body, St. Louis		23c. DATE SIGNED 4/20/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 4/22/54		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. APR 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St. St. Louis, 18, Mo.					

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo

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.