

18230

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 27 1955

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>5434</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin.</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 Hwy. <u>47, 3 mi. South of Washington, Mo. St. Johns</u>				c. LENGTH OF STAY (in this place) <u>1 1/2 day.</u>		c. CITY OR TOWN <u>Brentwood</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>47, 3 mi. South of Washington, Mo.</u> INSTITUTION				f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>J.</u> c. (Last) <u>SIMON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1955.</u>					
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>July 28, 1910.</u>			
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Bank Business.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>George Simon.</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna McCarty.</u>			14. NAME OF HUSBAND OR WIFE <u>Eleanor Simon.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Simon</u>		ADDRESS <u>8741 Florence Ave. Brentwood, Mo.</u>			
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) <u>Fractured skull</u>									
ANTECEDENT CAUSES				DUE TO (b) <u>Fractured left leg</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Internal Injuries</u>					
II. OTHER SIGNIFICANT CONDITIONS				E8165 20					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> Hwy #1 47</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin 036 Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 23 1955 5:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In Auto - Bus accident</u>					
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 <u>5:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Grant L. Oltmann coroner</u>				23b. ADDRESS <u>Berard Missouri</u>		23c. DATE SIGNED <u>June 23, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>June 27, 1955.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/24/55</u>		REGISTRAR'S SIGNATURE <u>J.P. Wideman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>99-0 Gerald Brock Mortuaries</u>		ADDRESS <u>889 S. Brentwood, Brentwood, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
480  
3

JUL 29 1955

DEC 15 1955

JUL 8 1955

SEP 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank A. Moore*

Licensed Embalmer No. *809*

P. O. Address *Clayton*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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