

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35263

State File No.

No. 300
10-48

FILED OCT 16 1956

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Registrar's No. 8691

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5017 Nottingham Ave.		e. STREET ADDRESS (If rural, give location) 5017 Nottingham Ave.			
3. NAME OF DECEASED (Type or Print) SIMON		a. (First)		b. (Middle)	
c. (Last) BIRK		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18th 1956			
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 24, 1897		9. AGE (in years last birthday) 59		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder-Semi Castings Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Erika Birk		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 Erika Birk		ADDRESS 5017 Nottingham Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>adenocarcinoma of Rectum</i>			INTERVAL BETWEEN ONSET AND DEATH <i>18 months</i>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					<i>154X</i>
19a. DATE OF OPERATION <i>Jan 25 - 1956</i>		19b. MAJOR FINDINGS OF OPERATION <i>metastases in liver - Colostomy</i>			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) (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 <i>January 19, 1956</i> , to <i>Sept 18, 1956</i> , that I last saw the deceased alive on <i>Sept 17, 1956</i> , and that death occurred at <i>4:10 P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Halter R. Hewitt MD</i>		23b. ADDRESS <i>7649 Delmar</i>		23c. DATE SIGNED <i>Sept 19/1956</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-56		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		DATE REC'D BY LOCAL REG. SEP 20 1956		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>mdb</i>		ADDRESS KRIEGSHAUSER 4228 So Kingshighway			

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Edwin A. Bennett*

Licensed Embalmer No. *3024*

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

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