MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 29155
Registered No. 8666

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis, (No. Home for the Aged St. ..... Ward)

2. FULL NAME Joseph B. Simpson.

(a) Residence. No. 3400 S. Grand Blvd. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27.1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Helen Cissell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Walter Benedict
(Address) 3400 S. Grand Blvd.

15. AUG 27 1928 Filed ..... 19 ..... Kathy C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 27, 1928, that I last saw him alive on Aug 25, 1928, and that death occurred, on the date stated above, at 1 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Bronchial Pneumonia
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100A

8 DID AN OPERATION PRECEDE DEATH? ..... DATE .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. Strong, M. D.
(Address) 3115 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter&Paul Cemetery
DATE OF BURIAL Aug. 27 1928

20. UNDERTAKER H.H. Gibson Funeral Co.
ADDRESS 2842 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.