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

Do not use this space.

17535

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4613

City St Louis (No. 2866 S. 18th St. ..... Ward)

2. FULL NAME Susannah Simpson

(a) Residence. No. 2866 S 18th St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo W Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1854

7. AGE: Years 75 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg PA

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wales
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wales

14. INFORMANT: Geo W Simpson
(Address) 2866 - S 18th St

15. FILED ....., 19..... Max C Barkeley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from June ....., 1930, to May 8, 1930, that I last saw her alive on May 8, 19..., and that death occurred, on the date stated above, at 5:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48 Ca of Womb
162 WOMB

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cancer of Womb
Senity (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Ef

(Signed) H. S. Pyne, M. D.
5/8, 1930 (Address) 2757 Accomac

*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: Lakewood Park
DATE OF BURIAL: May 10 1930

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 - S Bdwy

Dr. H. S. Pyne