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

Do not use this space.

11878

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3119

Township ..... Primary Registration District No. ..... Registered No. 3119

City St. Louis, (No. 32 - Westmoreland Plc. St. ..... Ward)

2. FULL NAME Louise Simpson

(a) Residence. No. #32 Westmoreland Plc 12 St. ..... 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)
Female	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-14-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63.	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic Cook.
(b) General nature of industry, business, or establishment in which employed (or employer) 271
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Clemens
(STATE OR COUNTRY) Mich. 2

PARENTS

10. NAME OF FATHER Ceasar La Forge.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michigan.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth (Unknown) Lombardo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michigan
(STATE OR COUNTRY)

14. INFORMANT Virginia La Forge
(Address) 1206 Altgeld St. Chicago, Ill.

15. FILED 11 1931 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 9, 1931 that I last saw her alive on March 9, 1931, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation Heart
120 B
75 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gastro Enteritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 120
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert L Reber, M. D.
Mar 9, 1931 (Address) 1837 S 9 St

*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	DATE OF BURIAL
Bethania Cemetery	Mch 12, 1931
20. UNDERTAKER C. R. Lupton	ADDRESS 4449 Olive

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.

1837 Co. 9th Dt.

Hrs -

8 - 10 a.m.

2 - 4 P.m.

6 - 8 P.m.