

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

Do not use this space.

18285

**1. PLACE OF DEATH**

County..... Registration District No. 792  
Township..... Primary Registration District No. 10123  
City St Louis (No. 4428 Clarence Ave)

File No.....  
Registered No. 5266  
St. .... Ward)

**2. FULL NAME**

Fredrica C. Simpson  
(a) Residence, No. #4428 Clarence Ave St. 9 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Simpson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13 - 1852</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>80.</u>	<u>3.</u>	<u>18.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	13. NAME <u>Peter Steinmann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Julia Beaupard</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsace Lorraine</u>			
	17. INFORMANT (ADDRESS) <u>A. G. Simpson</u> <u>4428 Clarence Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Bellevuefontaine Cem. DATE 6/2 / 32</u>				
19. UNDERTAKER (ADDRESS) <u>C. R. Lupton &amp; Sons</u> <u>4449 Olive Street</u>				
20. FILED <u>1532</u> <u>Mar 6 Starkloff</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st - 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1930 to May 31, 1932, 1932.  
I last saw him alive on May 31, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

8288  
Respiratory  
W.S. Report  
Date of onset 3/10/30

Other contributory causes of importance:

Hepatic Dr. Key 1/7/30  
Name of operation Dr. Key Date of.....  
What test confirmed diagnosis? Woods Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Ang & B...  
(Signed) 3024 N. ...  
(Address) ...

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

