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.

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

Do not use this space.

24470

File No. 6602

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 78D

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Jane Philina Simpson

(a) Residence, No. 5083 Maple St., 17 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: 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 Dunday Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1866

7. AGE: Years 65 Months 11 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME James B. Coquillard

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Eliza E. Ladd

16. BIRTHPLACE (CITY OR TOWN) Belfast (STATE OR COUNTRY) Maine

17. INFORMANT Clark J. Cooper (ADDRESS) 5946 Julian Av

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE July 20, 1932

19. UNDERTAKER Wagoner (ADDRESS) 3662 Gravois

20. FILED July 18, 1932 Mary C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan -, 1930, to July - 18, 1932

I last saw h. alive on Jul. 17 -, 1932. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930
66 B	
93 C	

Other contributory causes of importance: Cystolithiasis Gastritis

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

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 .....

(Signed) Dr Maurice A. Rauchenthal, M. D.

(Address) Inter Bld 4500 Olive