

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township North Primary Registration District No. 0083  
 City St. Louis (No. 1020 N. 17th St.) St. 25 Ward 25

4045

File No. 1012  
 Registered No. 1012  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1020 N. 17th St. St. 25 Ward 25  
 (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<br><u>Female</u>                                                                     | 4. COLOR OR RACE<br><u>White</u>                        | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)<br><u>Mar 23 1882</u>                                |                                                         |                                                                             |
| 7. AGE                                                                                      | YEARS<br><u>50</u>                                      | MONTHS<br><u>10</u>                                                         |
|                                                                                             | DAYS<br><u>4</u>                                        | IF LESS than 1 day, hrs. or min.                                            |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Housewife</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.        |                                                                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                            | <u>Goodhouse Ill</u>                                    |                                                                             |
| 13. NAME                                                                                    | <u>Samuel Simpson</u>                                   |                                                                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                            | <u>Not known</u>                                        |                                                                             |
| 15. MAIDEN NAME                                                                             | <u>Fora Martin</u>                                      |                                                                             |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                            | <u>Ill</u>                                              |                                                                             |
| 17. INFORMANT (ADDRESS)                                                                     | <u>J. J. Green</u><br><u>1020 N. 17th St.</u>           |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE                                                     | <u>Cremation</u> DATE <u>Jan 24 1933</u>                |                                                                             |
| 19. UNDERTAKER (ADDRESS)                                                                    | <u>Chas. A. Cain</u><br><u>3909 North 25th St.</u>      |                                                                             |
| 20. FILED                                                                                   | <u>JAN 24 1933</u><br><u>Wm. C. Starck</u><br>Registrar |                                                                             |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1933, to Jan 27 1933

I last saw her alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Thyrototoxicosis  
Exophthalmic Goiter  
66B  
9513 6613

Date of onset

Other contributory causes of importance:  
Cardiac Decompensation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_ (Signed) Chas. A. Cain M. D.

(Address) 3909 North 25th St.  
St. Louis 9, Mo.

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.

MAR 7 1958

AUG 30 1958