

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS(No. 3532, CRITTENDEN AVE

St. Ward)

791
1003

10413

File No.....
Registered No. 2985

2. FULL NAME

ALICE WIEDMER SIMPSON(a) Residence, No. 3532 CRITTENDEN AVE St. 16 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>GEORGE A. SIMPSON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN 31 - 1862</u>		
7. AGE	YEARS	MONTHS
<u>75</u>	<u>1</u>	<u>15</u>
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GREENVILLE ILLINOIS</u>		
13. NAME <u>JOHN WIEDMER</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>		
15. MAIDEN NAME <u>CATHERINE GROB</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>		
17. INFORMANT (ADDRESS) <u>MISS MINNIE WIEDMER 3532 CRITTENDEN</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BELLEFONTAIN</u> DATE <u>Mch 17 1937</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. LUPTON + SONS 4449 OLIVE ST.</u>		
20. FILED <u>MAR 17 1937</u> <u>J. F. Predeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 15 193722. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1936, to Mar. 15 1937I last saw h. et. alive on Mar. 14 1937. Death is said to have occurred on the date stated above, at 6 P. m.

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Cryptogenic Septicemia of unknown origin
Chronic DecubitusName of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Geo. H. Mathal M. D.
(Address) 3167 So. Grand Blvd.

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.

3167 S. Grand

La 304 v

1-2 P. M.