

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.

JUN 12 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. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **1003**) **DePaul Hosp** File No. **18421**
Registered No. **4997** (Ward)

2. FULL NAME **Dorothy A. Simpson**

(a) Residence, No. **5219 Gilmore** St. **7** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 3rd 1898**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	3	12		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**

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

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) **St. Louis Mo**

13. NAME **Jos. Swederske**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**

15. MAIDEN NAME **Mary Hagedorn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**

17. INFORMANT **Clarence Simpson**
(ADDRESS) **5219 Gilmore**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **May 18 1937**

19. UNDERTAKER **Paromachung and Co**
(ADDRESS) **4746 St. Louis Ave**

20. FILE **MAY 17 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-15 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 30th** 19**36**, to **May 15** 19**37**
I last saw h. **alive on May 15 1937** Death is said to have occurred on the date stated above at **4:25 A. M.**
The principal cause of death and related causes of importance were as follows:
Date of onset **5-13-37**

Exhaustion (prolonged labor)
14 hour glass uterus
Tetanus uteri

Other contributory causes of importance:
Pregnancy **July 31st**
After Dr. C. P. ... **1936**

Name of operation **Fetal Extraction** Date of
What test confirmed diagnosis? **cl** 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) **Albert G. Mozart**, M. D.
(Address) **272-2 90 Ground Line**

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