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

Do not write in this space. 32686

Registration District No. 1003

Primary Registration District No. 791

Registered No. 8740

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 6107

2. PRINT FULL NAME James A Simpson

(a) Residence, No. 2005 Lynch St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 17 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~68~~	69	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as saw mill, bank, etc. MEDART PATENT Pulley

10. Date deceased last worked at this occupation (month and year) ABOUT 1932

11. Total time (years) spent in this occupation 4 YRS

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

FATHER

13. NAME (UNKNOWN) Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau, Mo. DATE Sept 20 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe 429 N. Euclid

20. FILED SEP 18 1937 J. F. Riedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 8/2/37, 19 to 9/17/37, 19
I last saw him alive on 9/17/37, 19 Death is said to have occurred on the date stated above, at 8.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph-Aureus Septicemia	9/11/37
Bacterial endocarditis	9/14/37
Pyelonephritis ? ?	
Other contributory causes of importance: Hypertrophy of prostate	1931
Cirrhosis Cathalina?	1931

Name of operation Transurethral resection of prostate Date of 8/5/37 to 9/7/37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Thos W. Loam, M. D.

(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PEARL, BIRTH-RECORDING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mr.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)