

CCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
100332781
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 8835 St.
 (e) Length of residence in city or town where death occurred 63 yrs. / 29 mos. / 29 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
C. 8524 Blanche Simpson

2. PRINT FULL NAME

(a) Residence, No. 6 074 Garshe (Duesch) 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Simpson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1874
 7. AGE YEARS 63 MONTHS 1 DAYS 29 If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hkw at home
 9. Industry or business in which work was done, as 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) St. Louis, Missouri

13. NAME DANIEL SMULLEN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 9/23 1937

19. FUNERAL DIRECTOR W. R. Stock Und. Co.
 (ADDRESS) 2117 E. Grand

20. FINGERPRINTS J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 9/12/37 to 9/20/37 19

I last saw her alive on 9/20/37 19

Death is said to have occurred on the date stated above, 2.25 pm.

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

Central thrombosis (left internal capsule)

Other contributory causes of importance: Generalized arteriosclerosis with hypertension

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?
 If so, specify
 (Signed) Chas. M. Jessico M. D.
 (Address) City Hospital No. 1

SEP 22 1937

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank A. Moore
Licensed Embalmer No. 3041

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.)