

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

DEC 13 1937

39511  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis, Mo. (d) Street No. City Infirmery. 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.

2. PRINT FULL NAME

Robert Simpson  
(a) Residence, No. 5800 Arsenal St. St. 13 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 X 22 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter & Decorator. Hardwood finisher.  
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) same time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

13. NAME Thomas Simpson.

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

15. MAIDEN NAME Susan ?

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

17. INFORMANT (ADDRESS) E. Molony. 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 11/12, 1937

19. FUNERAL DIRECTOR (ADDRESS) James Ryan City Infirmery

20. FILE NO. NOV 12 1937 J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1937

22. I HEREBY CERTIFY That I attended deceased from July 1, 1937 to November 8, 1937

I last saw him alive on November 8, 1937 Death is said to have occurred on the date stated above, at 4:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease  
Arteriosclerosis  
Other contributory causes of importance:  
Asperteriosis  
arteriosclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Geo. S. Byrd, M.D.  
(Address).....

WRITE PLAINLY WITH CONFIDING INSTRUMENTS IN A STRAIGHT LINE  
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.

3229  
10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

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

L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**