

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

**9185**  
Do not use this space.

REC'D APR 11 1938

**791  
1008**

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis..... (d) Street No. 1919 St. Louis Avenue..... 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**

Alexander Simpson 5/2  
 (a) Residence, No. 1919 St. Louis Avenue St. 26 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1938 1938

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

22. HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to March 21, 1938.  
 I last saw h. alive on March 21, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1865

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
72 7 25

Coronary Lesion Date of onset 1 year

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Machinist  
 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

Other contributory causes of importance: Hb. C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary's Ontario, Canada.

FATHER 13. NAME William Simpson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mrs. Isabelle Wilson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Ida Simpson  
1919 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Ev DATE 3-24-1938

19. FUNERAL DIRECTOR (ADDRESS) Truth Center Mortuary  
4024 Lindell Blv'd

20. FILED MAR 23 1938 J. D. Brudeck  
 Local Registrar

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 Arthur Sunders, M. D.  
 (Signed)..... (Address) 2102 University St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2701 Umi

STATEMENT BY LICENSED EMBALMER

I, Jack H. Lubens, Licensed Embalmer No. 4004

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

L. E.

No. 4004 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jack H. Lubens  
Licensed Embalmer No. 4004

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