

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100320571
Do not use this space.

Registered No. 5710

1. PLACE OF DEATH

(a) County St Louis Mo

Registration District No.

(b) Township

Primary Registration District No.

(c) City St Louis

(d) Street No. 4234 St Ferdinand Ave

(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

Libby Simpson

(a) Residence, No. 4234 St Ferdinand Ave.

St. 11

(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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th, 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ...min.
71 10 16OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as law mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Madinah
(STATE OR COUNTRY) Tenn.FATHER
13. NAME Green Cross
14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)MOTHER
15. MAIDEN NAME Westchana Jones
16. BIRTHPLACE (CITY OR TOWN) Humbolt
(STATE OR COUNTRY) Tenn.17. INFORMANT Annie Cross
(ADDRESS) 4234 St Ferdinand Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACED Greenwood Cem DATE 6-24 193819. FUNERAL DIRECTOR Ellis Funeral Home
(ADDRESS) 2820 Stoddard St
J. D. Bredeck Local Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 3 1938, to June 21, 1938

Last saw him alive on June 19, 1938. Death is said

to have occurred on the date stated above, at 1 P. m.

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

Cerebral apoplexy
Hypertension
Arteriosclerosis

Date of onset

June 27

2

2

Other contributory causes of importance:

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? No

If so, specify

(Signed) St Louis Fincher, M. D.

(Address) 2200 Chouteau Ave

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

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.)