

UL 12 1938

REC'D AUG 9 1938

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

26434
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City Clayton
(e) Length of residence in city or town where death occurred

Registration District No. 784

Primary Registration District No. 197

Registered No. 1188

(d) Street No. St. Louis County Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Simpson

(a) Residence, No. 21 Carson Rd. W. Winlock, Mo.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1878

7. AGE YEARS 60 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Mississippi

13. NAME Isaac Simpson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Nellie Simpson

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pl. DATE July 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Gordon

20. FILE NO. UL 12 1938 J. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 8PM m.

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

Cerebral hemorrhage

Other contributory causes of importance:

Name of operation Date of

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? no

If so, specify

John C. Powell M. D.

Coroner of St. Louis County, Mo.

(Address)

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.

STATEMENT BY LICENSED EMBALMER

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

or by

W. C. Gordon

Registered Apprentice No., working under my personal supervision.

Signed

W. C. Gordon

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar*

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.)

If this body is not embalmed, above space should be left blank.