

MAR 13 1939

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

4459
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... / Primary Registration District No..... 1003
(c) St. Louis (d) Street No. City Hospital No. 1 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 5/2

Jennie Simpson
(a) Residence, No. 1622 S. 3rd St. 23
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 17

OCCUPATION 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. hwk
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) Illinois

FATHER 13. NAME John Stamms

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

MOTHER 15. MAIDEN NAME Annie Dodson

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

17. INFORMANT (ADDRESS) Hopp Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 2/6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis Albers
4453 Washington Blvd

20. FILED FEB 5 1939 J. D. Budach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4/39, 19...
22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 19... to 2/4/39, 19...
I last saw her alive on 2/4/39, 19... Death is said

to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

Degenerative heart disease:
Chronic myocarditis
with decompensation

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?
If so, specify (Signed) E. P. Reh, M. D.
(Address) City Hospital No. 1

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Howard F. Rowland.

Licensed Embalmer No. *3114*

P. O. Address *St Louis, Mo.*

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.