

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.

JAN 12 1940

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1005

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. **4713 Page Boulevard**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 13** day **1939**
year **8** hour **45** minute **P.** M.
21. I hereby certify that I attended the deceased from **Oct 15**
19 **9** to **Dec 13** 19 **39**
that I last saw her alive on **December 13**, 19 **39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart disease**
Duration **second**

Due to **Atherosclerosis & senility** ?
Due to **Fracture of rt. hip** 2 mos

Other conditions **Gr. K. In 2 weeks**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Gr. K. In 2 weeks**
Of autopsy **Gr. K. In 2 weeks**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **fracture of rt. hip**
(b) Date of occurrence **10-15-39**
(c) Where did injury occur: **at home - St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **No** (Specify type of place)
(e) Means of injury **Fall**

23. Signature **Truman S. Drake** (M. D. or other)
Address **114 N. Taylor** Date signed **12/13/39**

3. (a) PRINT FULL NAME

Mary Simpson 572

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John G. Simpson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 3, 1848**
(Month) (Day) (Year)

8. AGE: Years **93** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Pat McClarney** 9

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Endicott**

15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Cora Morris**

(b) Address **4713 Page Blvd.**

17. (a) **Burial** (b) Date thereof **12/15/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cuba Missouri**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Avenue**

19. (a) **DEC 14 1939** (b) **J. B. Bredish**
(Date received local registrar) (Registrar's signature)

Per 2-11-11

*11411 - 11/11/11
2-4-11*

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 *Guy W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

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.