No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4456

Registration District No. 791

Primary Registration District No.

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead at Homer Phillips Hosp
(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 0 (b) County

(c) City or town St. Louis, Mo. 21
(If outside city or town limits write "RURAL")

(d) Street No. 2834 Gamble Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No Physician in Attendance years.

3. (a) PRINT FULL NAME 512 William E. Simpson

3. (b) If veteran, Yes name war Would War

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Simpson

6. (c) Age of husband or wife if alive 37 years years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 44 | Months | Days | If less than one day hr. min.

9. Birthplace Chester S. C. (City, town, or county) (State or foreign country) 1

10. Usual occupation Drugist 1

11. Industry or business 1

FATHER
12. Name Westly Simpson
13. Birthplace Chester S. C. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adelphia Thomas
15. Birthplace Chester S. C. (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Simpson
(b) Address 2834 Gamble Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) FEB 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th year 1940 hour 2:43 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Scleroses

Due to Arterio Scleroses

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Quinn (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed Wm C McDowell

Licensed Embalmer No. 2114

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.