

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home - 4830 E. 6th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lettie Simpson

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased Aug 7 - 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Joseph Sigler

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

14. Maiden name Sarah Barr

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

16. (a) Informant Joe Sigler

(b) Address 3626 Anderson

17. (a) Burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Rose F. Henderson

(b) Address 3626 Anderson

19. (a) Mch 28, 1940 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4830 - E - 6th
(If rural, give location)
 (e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 27 year 1940 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 63 1940, to Mar 1940; that I last saw her alive on Mar 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to General arteriosclerosis

Due to

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? 3626
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3626
(Specify type of place) (e) Means of injury

23. Signature Charles Nelson (M. D. or other)

Address 3626 Indip ave Date signed

Duration

6 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Letitia K. Simpson
.....
working under my personal supervision.

Registered Apprentice No.

Signed

G. E. Henderson
.....

Licensed Embalmer No. *3567*.....

P. O. Address *196 2nd*.....

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.