

FILED MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

3145

1. PLACE OF DEATH:

(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days
(Specify whether _____)
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Simpson, George 512

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased unk - 1860
(Month) (Day) (Year)

8. AGE: Years abt 80 Months - Days - If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business I

MOTHER FATHER { 12. Name Unknown Simpson
13. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Allen
16. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Wil Simpson

(b) Address 2220 B. Franklin

17. (a) Burial (b) Date thereof 4-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. J. Walters

(b) Address 2707 Stoddards

19. (a) APR 4 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 819 N. 16th Street 25
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4- day 1
year 1940 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from 2-28- 19 40 to _____ 19 _____;
that I last saw him alive on 4-1- 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis About 32 days

Hypertensive Heart Disease
Due to Old Hemiplegia

Due to _____

Other conditions ASU
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Donald Smart (M. D. or other) 4-2-1940
Address 2601 N. Whittier Date signed _____

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.....

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

Signed William 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.