DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33895

Registration District No. 7913 — Primary Registration District No. 1003 — Registrar's No. 8592

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.

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: Hn Route to City Hospital #1 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3664 Blaine Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hannah Simpson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased July 18 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name John Blackett

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

14. Maiden name Sarah Stevenson

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

16. (a) Informant's own signature Joy Davis

(b) Address O'Fallon Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Illinois

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 18 1940 (Date received local registrar) (b) J. F. Cudahy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1940 hour 3:06 minute P. 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 2nd & 3rd degree burns of face, neck and chest, when clothing became ignited from coal stove while washing clothes in her home, October 16, 1940, about 3.00 P.M. Duration

Due to ACCIDENT.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence 10/16/1940

(c) Where did injury occur? 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 (Specify type of place)

While at work? (Means of injury)

23. Signature Alfred Gerner (M. D. or other)

Address Undertaker Coroner Date signed 10/18/40

(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.....

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

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.