

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1122

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(c) Name of hospital or institution: 803 MARSHALL AVE. 1
(d) Length of stay: In hospital or institution
In this community 40 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(d) Street No. 803 MARSHALL AVE. 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW SIMPSON
3. (b) If veteran, name war NO
3. (c) Social Security No. 490-03-6057
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY VERONICA SIMPSON
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased MAY 8 - 1881

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1941 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 17 1941 to May 24 1941
that I last saw him alive on May 23 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months - Days 16 If less than one day hr. min.

Immediate cause of death Coronary Occlusion Duration 6 days
Due to 94a

9. Birthplace ST. LOUIS MISSOURI
10. Usual occupation OFFICE MANAGER
11. Industry or business BRECKINRIDGE MATERIAL Co.
12. Name JAMES SIMPSON
13. Birthplace UNKNOWN SCOTLAND
14. Maiden name JANE SHEPARD
15. Birthplace UNKNOWN SCOTLAND

Other conditions: General Arteriosclerosis
Major findings: Of operations
Of autopsy

16. (a) Informant Mrs. A. Simpson
(b) Address 803 MARSHALL AVE - W. G.
17. (a) BURIAL (b) Date thereof TUES. MAY 27 1941
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director
(b) Address WEBSTER GROVES Mo.
19. (a) MAY 27 1941 (b) Registrar's signature

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?
While at work (Specify type of place) (e) Means of injury
23. Signature R. J. Volkmann (M. D. or other)
Address 221 W. Big Bend Webster Date signed 7/24/41

SEP 22 1941

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 *W. E. Aldrich*

Licensed Embalmer No. *1832*

P. O. Address *Webster Groves Mo*

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, fact should be so stated above.