No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32665

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 1986

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 7/31/41. (Specify whether years, months or days)
In this community Since 7/31/41.

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Belleville (If outside city or town limits, write "RURAL") 11
(d) Street No. 508 Centerville Avenue (If rural, give location) 0
(e) Citizen of foreign country? - (Yes or No) 9
If yes, name country -

3. (a) PRINT FULL NAME Alexander Simpson
3. (b) If veteran, name war World
3. (c) Social Security No. 328-03-4613
4. Sex male 1
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Simpson
6. (c) Age of husband or wife if alive -43 years
7. Birth date of deceased December (Month) 4. (Day) 1893 (Year)
8. AGE: Years 47 Months 9 Days 21 If less than one day hr. min.
9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Foundry Worker (Molder)
11. Industry or business Stove Foundry
FATHER 12. Name John Simpson
FATHER 13. Birthplace 9 (City, town, or county) Unavailable (State or foreign country)
MOTHER 14. Maiden name Mary Stevenson
MOTHER 15. Birthplace 9 (City, town, or county) Unavailable (State or foreign country)
16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Peter Haendner
(b) Address Belleville, Ill.
19. (a) SEP 26 1941 (Date received by local registrar) (b) E. G. McGaughey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th, year 1941 hour 8:45 minute a.m.
21. I hereby certify that I attended the deceased from July 31, 1941 to September 25, 1941 that I last saw him alive on September 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive and coronary arteriosclerotic heart	
Due to disease, myocardial damage	
and myocardial insufficiency, Unkn.	
Due to and	
Hemiplegia, spastic, right, incident to cerebral vascular disease. Since 7/20/41.	
Other conditions (Include pregnancy within 3 months of death) -	

Major findings:
Of operations No operation. 13 d
Of autopsy No 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) no
(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 L. M. COCHRAN, M.D., (M. D. or other) 0
Address Chief Medical Officer. Date signed 9/25/41.

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 2 1949

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 me

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

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.