

JAN 19 1943

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(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 7 days 1 mo.  
(Specify whether  
In this community 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1325 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Katherine Simpson

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Female 5. Color Col 6. (a) Single, widowed, married 1  
7. Birth date of deceased Feb 25 1873  
(Month) (Day) (Year)

8. AGE: Years 38 Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Solomon Simpson

(b) Address 1325 Franklin Ave

17. (a) Burial (b) Date thereof Jan 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. G. Green

(b) Address 2915 Franklin Ave

19. (a) JAN 7 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,  
year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 26,  
1942 to January 2, 1943  
that I last saw her alive on January 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction (adhesive) — Autopsy  
Duration 6 days

Due to 1942

Other conditions Chr. Cholecystitis non calculous 3 mos.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 0  
Of autopsy 0

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) 0

Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)

(e) Means of injury 0

23. Signature C. Raymond Mery (M. D. or other)

Address 3601 S. Webster Date signed 1/4/43

JAN 19 1954

**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 Clark Young  
Licensed Embalmer No. 3371  
P. O. Address St Louis

**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.**