S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3556

FILED FEB 10 1943

Registration District No. 1984

Primary Registration District No. 116

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 875 River Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 16

(c) City or town Valley Park 0
(If outside city or town limits, write "RURAL")

(d) Street No. 875 River Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Simpson

3. (b) If veteran, name war None

3. (c) Social Security No. 490-03-0317

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 27, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	27	hr. min.

9. Birthplace Moselle, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hoisting Engineer

11. Industry or business Sand and Gravel Pit

FATHER
12. Name Sam Simpson
13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Beehler
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Simpson
(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof 1/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moselle, Mo.

18. (a) Signature of funeral director Schrader Fun'l Home
(b) Address Ballwin, Mo.

19. (a) JAN 27 1943 (b) E. G. McGavran, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1943 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1943 to Jan 12, 1943 that I last saw him alive on Jan 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. O. Knobb MD (M. D. or other)

Address Valley Park Mo Date signed 1-25-43

(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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.