

FILED JUN 9 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5068

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Anthony's Hospital
(d) Length of stay: In hospital or institution 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 009 17
(c) City or town St. Louis
(d) Street No. 3814 Botanical Ave.
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME ELIZABETH W. 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 Widowed
6. (b) Name of husband or wife Late Peter J. Simpson 6. (c) Age of husband or wife if alive 17 1/2 years
7. Birth date of deceased Feb. 17 1864

8. AGE: Years 79 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Ontario, Canada

10. Usual occupation Housewife

11. Industry or business

12. Name George Sudley

13. Birthplace Canada

14. Maiden name Margaret Repton

15. Birthplace Canada

16. (a) Informant Mrs. Ethel Meiningen

(b) Address 3814 Botanical Ave.

17. (a) Burial (b) Date thereof 5-31-43

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Thieghauger, Mortuary

(b) Address 228 So. Kingshighway Blvd.

19. (a) JUN 2 1943 (b) Registrar's signature J. F. Brethead

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1943 to May 28 1943 that I last saw her alive on May 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer very acarditis of stomach
Due to Cancer of Stomach
Due to H.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer of Stomach
Of operations Cancer of Stomach - Ch. very acarditis

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State) no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury no
23. Signature H. L. Schmeider (M. D. or other) MD
Address 3318 S Grand Date signed 5-28-43

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

MOTHER FATHER

Mr. W.A. Schneider 1-3
3318 So Grand St. W. 03333

5068
8905
5068
8905

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 Eduin D. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.