

FILED JUL 3 1943
Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(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 3 mos., 11 days
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 Randolph
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Simpkins

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

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Luke Simpkins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Lewis
13. Birthplace St. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Hattie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Luke Simpkins

(b) Address 2627 Randolph

17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Franklin Ave

19. (a) JUN 23 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 9,
1943 to June 21, 1943;
that I last saw her alive on June 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lumbo-sacral spine 5 yrs.
Lungs not affected

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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) _____
(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) (c) Means of injury _____

23. Signature R. Williams (M. D. or other)
Address 3601 White Date signed 6/23/43

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..... *J. J. Watson*.....
Licensed Embalmer No. *2698*
P. O. Address..... *2760 Charlotte*.....

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.