S. No. 2
0M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22504

ED JUL 8 1943

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1519

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96 2 3
(c) City or town Clayton (If outside city or town limits, write "RURAL")
(d) Street No. Denny and Ladue Rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Simpson, Baby Girl
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 17 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Clayton (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Bertha Simpson
15. Birthplace Walnut Ridge (City, town, or county) Ark. 0 (State or foreign country)
16. (a) Informant St. Louis County Hospital
(b) Address 601 S. Brentwood, Clayton
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Crematory
18. (a) Signature of funeral director E. Brown
(b) Address St. Louis County Hospital
19. (a) 6-30-43 (Date received local registrar) (b) P. G. McHarry, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 10:40 minute P. M.
21. I hereby certify that I attended the deceased from 6-17-43, 19..., to 6-20-43, 19...; that I last saw her alive on 6-20-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	3 days
Due to Pending autopsy report	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John W. Oeckham, M.D. (M. D. or other)
Address St. Louis County Hosp. Date signed 6/30/4

(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.....

Licensed Embalmer No.....

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.