. S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23499

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6924

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:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Peoria 11

(c) City or town Peoria 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 205 Proctor Street.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Anastasia Simpson

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Thomas Simpson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 16 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	2	14	hr. min.

9. Birthplace Peoria County (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name James Handy
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Holden
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant William Thomas Simpson
(b) Address Peoria, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Peoria, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUL 30 1943 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	
Due to Mitral Stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deepen Coron Date signed 7/31/43

(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 J. Allen Morris Jr

Licensed Embalmer No. 4053

P. O. Address Cal

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.