

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **987**
Registrar's No. **118**

FILED JAN 20 1944

Registration District No. **1318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3760 a Laclede Ave. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary J. Simplot

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 18 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>16</u>	hr. _____ min.

9. Birthplace: Unknown Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name: Thomas D. Day

13. Birthplace: Louisiana /
(City, town, or county) (State or foreign country)

14. Maiden name: Julia Sharp

15. Birthplace: Mississippi /
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. W. Brassell

(b) Address: 3760a Laclede Ave.

17. (a) Removal (b) Date thereof: Jan 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dubuque Iowa

18. (a) Signature of funeral director: Fred M. Williams

(b) Address: 4535 Washington Blvd.

19. (a) JAN 5 1944 (b) J. F. Bradesh
(Date received local registrar) (Registrar's signature)

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. 3760 a Laclede
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1944 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from July 1937
_____ 19 _____ to July 4 19 44
that I last saw him alive on January 4 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial infarction

Duration: 10 yrs

Due to _____

Due to _____

Other conditions: Cerebral thrombosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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)

(e) Means of injury _____

23. Signature: O. S. Major (M. D. certificate) _____

Address: 4579 E. F. Co Date signed: 1/5/44

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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

Albert H. Koppe
.....
1861

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.