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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15848

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 931

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Page and Ashby Roads
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1-10-5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural Normandy 76
(If outside city or town limits, write "RURAL")

(d) Street No. Page and Ashby Roads 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Walter E. Simpson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0 S

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 11 (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
1	10	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Walter C. Simpson
13. Birthplace Salem (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bell Bernice Koenig
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Walter C. Simpson
(b) Address Clayton-R#2-Box 475 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) APR 19 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16
year 1944 hour 10 minute 00 A.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 Bronchopneumonia	
Due to Rubella	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3	
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 E. G. McGavran St. Louis County, Mo. (M.D. or other) M.D.
Address Health Comm. Clayton Date signed 4/17/44

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(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.