

FILED JAN 31 1945

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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: 6142 Victoria
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6142 Victoria
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martha J. Simpson

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 Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 0 hr. _____ min.

9. Birthplace Sparta, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Rosborough

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Smith

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Simpson

(b) Address 6142 Victoria

17. (a) Burial (b) Date thereof Jan 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontane, Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave

19. (a) J. F. Bredeck
(Date received local registrar's statement) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-22-45 day _____
year _____ hour 4 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 1-1-45 19. to 1-22-45 19. and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal
Decubal Pneumonia
Due to Cerebral Hemorrhage
Due to Arterio Sclerosis Sen
Other conditions: 83 at
(Include pregnancy within 3 months of death)

Duration

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? _____

23. Signature ER Anderson (M. D. or other) 1-22-45
Address 4932 M. D. C. Ave Date signed _____

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

MOTHER FATHER

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.....

Floris Eymck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo.

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.