

Registration District No. **318**

Primary Registration District No. **1003**

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 days
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Max Simpkins

3. (b) If veteran, name war no 3. (c) Social Security No. 488-05-8722

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased July 25, 1873 December 26 1880
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Chernigow Russia
(City, town, or county) (State or foreign country)

10. Usual occupation retired
Industry or business Tailor

11. Name Joseph H. Simpkins

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

13. Maiden name (nee) Hannah Bella Simpkins
Birthplace USSR
(City, town, or county) (State or foreign country)

16. Informant M. Rosentreter
Address 7644 Walinca, Clayton, Mo.

17. burial (b) Date thereof 6-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham. Hag.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) JUN 12 1945 J. F. Brebeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 812 Eastgate
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1945 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 6, 1945 to June 11, 1945 and that I last saw him alive on June 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease, coronary infarct

Due to 61

Due to 61

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: portal cirrhosis liver.
Of operations none

Of autopsy none

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 Elvie Parker Rodgers (M. D. certified)
Address St. Lukes Hospital Date signed 6-11-45

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

MOTHER FATHER

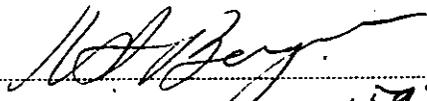
Handwritten notes:
MOTHER: Jay
FATHER: Joseph H. Simpkins

Duration 8 yrs
PHYSICIAN 2422
Underline the cause to which death should be charged statistically.

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.....

1597

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis } SS.

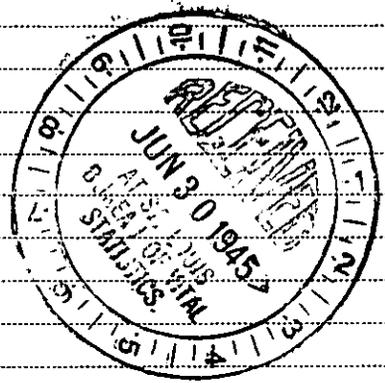
THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____
Local Registrar's No. 5162

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26 day of June, 1945 before me appears _____
Rebecca Simpkins, who, upon her oath, states that the original record of birth
for Max Simpkins died June - 11th, 1941, in the State of
Missouri, and which was filed at St. Louis Mo on June 12 - 1945, should be corrected as follows:

- Item No. 7 should read February - 25th - 1893
Instead of December - 25th - 1890
- Item No. 8 should read 71 years - 5 months - 16 days
Instead of 64 years - 5 months - 16 days
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____



The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rebecca Simpkins (Wife)
Relationship _____
812 Eastgate U. City Mo
Present Address.

Subscribed and sworn to before me this 26 day of June, 1945.

My Commission expires April 13, 1948 _____ Notary Public.

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