

S. No. 2
OM-543
ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26143

State File No.

FILED SEP 1 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7786

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 16 days
In this community... 43 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4251a West Cook Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alfred Simpson

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex male 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife June Simpson 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 13 1888
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Florence Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Service Garage

11. Industry or business Large

12. Name Sam Simpson

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

14. Maiden name Mahalia Armstead

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

16. (a) Informant Mary Simpson

(b) Address 4251a W Cook Ave

17. (a) Burial (b) Date thereof 9-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyle Bros

(b) Address 3704 Finley Ave

19. (a) SEP 4 1945 (b) J. F. Breuck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1945 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 17, 1945 to September 2, 1945
that I last saw him im alive on September 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobar Pneumonia Duration Terminal

Due to.....

Due to 108

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature B. F. Muehly (M. D.)

Address 2601 N Whittier St Date signed 9-4-45

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

00
17
9

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 _____

Licensed Embalmer No. 3534

P. O. Address 3704 Ganney ave.

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.