V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32375
9082

FILED OCT 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

20
17
9

1. PLACE OF DEATH:

(a) County
(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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Miasouri (b) County 000
(c) City or town St Louis. 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 a Ann Av. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME RUTH Brabec Simpson
3. (b) If veteran, name war No
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 Clarence
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 19 (Day) 1919 (Year)
8. AGE: Years 26 Months 8 Days 1 If less than one day hr. min.
9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Harry M. Hasting
13. Birthplace Nashville Tennesse (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Clara Brundirks
15. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Clara Brundirks
(b) Address 1003 A Ann Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22.45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Wm C Mogdell
(b) Address 1926 Allen Av.
19. (a) OCT 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1945 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 10/11/45, 19, to 10/20/45, 19; that I last saw her alive on 10/20/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease — Duration
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 10/20/45

LUK (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 Benj. C. Duncan Jr.

Licensed Embalmer No. 2272

P. O. Address 1926 Allen 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.