

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED JAN 21 1945

State File No. _____
Registrar's No. 290

Registration District No. _____ 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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years +
years, months or days

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 _____

3. (a) PRINT FULL NAME Rebecca Simpkins

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Max Simkins
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Ab. 69 hr. min.

9. Birthplace Wilno Poland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Julius Davidson

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

14. Maiden name Deborah Miller

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

16. (a) Informant Minerva E. Sporn

(b) Address 7516 Canton

17. (a) Burial (b) Date thereof 1/11/45
(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 Ave.

19. (a) JAN 10 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 7 minute 45 a. M.

21. I hereby certify that I attended the deceased from
November, 1940, to Jan. 9, 1946
that I last saw her alive on Jan. 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic, Degenerative Duration 6 yrs.
Due to General Arterio Sclerosis

Due to Arterial Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9.3
Of operations _____
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Hiram L. Heggitt (M. D. or other) M.D.
Address 3720 Washington Date signed 1/8/46

3123
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

157

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.