

FILED MAY 16 1948
318

Registration District No. 318 Primary Registration District No. Registrar's No. 4086

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: Mo Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Solomon Simpson
(b) If veteran, name war. — (c) Social Security No. 489-03-2221

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife. (c) Age of husband or wife if alive. years
7. Birth date of deceased Nov 15th 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Mobile Ala
(City, town, or county) (State or foreign country)
10. Usual occupation Freight Handler
11. Industry or business Rail Road
12. Name Solomon Simpson
13. Birthplace Mobile Ala
(City, town, or county) (State or foreign country)
14. Maiden name Estelle
15. Birthplace Mobile Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Matth L. Idend
(b) Address 1131 N. Leonard Ave
17. (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Brodeur
(b) Address 3133 Bell Ave
19. (a) MAY 6 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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. 1015 N. 7th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1
year 1946 hour 6 minute 15 P M.
21. I hereby certify that I attended the deceased from April 15 1946 to May 1 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive cardio-vascular disease
Due to Cerebral encephalopathy
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
23. Signature W. J. Bates (M. D. or other)
Address 1755 S. Grand St. Louis Date signed 5/1/46

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

L. S. Watson
Licensed Embalmer No. 2698

P. O. Address 2769 Charlotte

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.