

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED JUN 5 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5200

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

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:  
2736 Delmar Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Yrs  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME EDNA SIMPSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 3rd, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>19</u>	hr. min.

9. Birthplace St. Louis TeMo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name James Blythe

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

14. Maiden name Lizzie Watson

15. Birthplace Richview Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Blythe

(b) Address 2736 Delmar Blvd.

17. (a) Burial (b) Date thereof 5/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Ellis Fun. Home  
2820 Stoddard St

(b) Address \_\_\_\_\_

19. (a) MAY 26 1947 (b) J. F. Brudeck  
(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. 2736 Delmar Blvd.  
21 (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 22nd,  
year 1947 hour 12/10 minute P. M.

21. I hereby certify that I attended the deceased from 20 May 1947  
20 May 1947 19\_\_\_\_, to Death 22/May 19 47  
that I last saw SR alive on 20 May 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Sigmoid Duration 2 Yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions See Anemia LYE  
(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) \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Signature A. James Evans or other) \_\_\_\_\_

Address 41130 a page 21 Date signed 23 May 47

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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 Fulton E. Culkin  
Licensed Embalmer No. 498  
P. O. Address St Louis MO

**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.**