S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36267

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9583

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: 3748a California Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 24 3748a California Avenue 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TESSIE OLLIE SIMPSON
3. (b) If veteran, name war Nil
3. (c) Social Security No. 489-09-4480
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced D 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 18, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	0	26	hr. min.

9. Birthplace Malden, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Operator (Sewing Machine)
11. Industry or business Dress Manufacturer

MOTHER FATHER
12. Name John S. Crockett
13. Birthplace ? Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Addie Stires
15. Birthplace Charleston, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Danie Simpson
(b) Address 3748a California Avenue
17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Missouri
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1947 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from Jan. 1940 to Oct. 14 1947 that I last saw he ex alive on Oct. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes — Duration years
Pernicious anemia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
Signature D. J. Johnson (M. D. or other) M.D.
Address 2801 Chippewa Date signed 10-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. D. I. Johnson
2801 Chippewa Street

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. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.