

S. No. 2
1-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10675**
Registrar's No. **2300**

Registration District No. **318**

Primary Registration District No. **1003**

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:
Enroute to City Hospital #1. B.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 years** (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **aSt. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **1912 So. Jefferson Avenue** **9**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **LEE T. SIMPSON**

3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **499-12-9473**

4. Sex **D M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Ruby**
6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
About 65 years hr. min.

9. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

10. Usual occupation **Sander**

11. Industry or business **Champaine Company**

MOTHER FATHER { 12. Name **unknown** 9
13. Birthplace **unknown** 9
14. Maiden name **unknown** 9
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **John Simpson**
(b) Address **1812 So. 7th Street**

17. (a) **burial** (b) Date thereof **3-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Hope Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**
(b) Address **2301 Lafayette Avenue**

19. (a) **1948** (b) **J.F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**
year **1948** hour **10** minute **05** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Crown Occlusion**
Crown fracture
Due to **94 W.**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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) (c) Means of injury **B**
23. Signature **Dr. Alfred Perry** (M. D. or other)
Address **Deputy Coroner** Date signed **2.6.48**

MAR 7 1948

(Licensed Embalmer's Statement on Reverse Side)

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..... *E W Cooper*

Licensed Embalmer No..... *3530*

P. O. Address *2901 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.