FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31437

Primary Registration District No. 1003

Registrar's No. 8110

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5911 McPherson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PEARL LORINDA SIMPSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas H.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 18, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	6	26	hr. min.

9. Birthplace Moberly (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Zeis

13. Birthplace Newcastle (City, town, or county) Pennsylvania (State or foreign country)

14. Maiden name Lorenda Sparks

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Thomas H. Simpson

(b) Address 5911 McPherson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Masoleum

18. (a) Signature of funeral director Gerk Funeral Home Inc

(b) Address 3029 Lafayette Ave

19. (a) SEP 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1948 hour 11 minute 30 Am

21. I hereby certify that I attended the deceased from Sept 12 1948, 19..., to Sept 14, 1948 that I last saw her alive on Sept 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Infarction	
Coronary Type	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma Uterus	5 years

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)

While at work? (e) Means of injury

23. Signature P. S. Meyerdirk M.D. (M.D. or other)

Address 4500 No. Taylor Date signed 9/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1954

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 David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address 3029 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.