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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38893
Registrar's No. 10638

FILED DEC 15 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		225 ft
d. FULL NAME OF HOSPITAL OR INSTITUTION in Room to Home of Phelps			STREET ADDRESS 217 S. 23. ST.		
3. NAME OF DECEASED a. (First) Simpson b. (Middle) Daniel c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28 1951		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18 90	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julie Daniel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 44-32-05-25 45	17. INFORMANT'S SIGNATURE OR NAME Gertrude Daniel		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 20 and 30 burns of 70% of body		when clothes caught fire from overheated stove in kitchen at 215 S. 23rd Street (rear) on Nov 28 1951 at about 6:35 pm			body
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Nov 28 5:35 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 69160		
22. I hereby certify that I attended the deceased from 1951, to 1951, that I last saw the deceased alive on 1951, and that death occurred at 6:35 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Specify) (Degree or title) Med. Henry Curtis Brown		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/30/51	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 29 1951	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo		
DATE REC'D BY LOCAL REG. NOV 30 1951	REGISTRAR'S SIGNATURE Earl Smith 1951		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Andrew H. Burdick 212 Carroll		

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

NOV 25 1955

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John Yandell

Licensed Embalmer No. 4243

P. O. Address Webster Grove

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.

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