

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14793

State File No.

3686

7150 MAY 1 - 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3686		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2239		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST Hosp. 23				d. STREET ADDRESS (If rural, give location) 2416 S. 11th ST.				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) - c. (Last) SIMPSON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 17 1952					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 4 1888		
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box MAKER		10b. KIND OF BUSINESS OR INDUSTRY GAYLORD Box CO		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI D		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME GEORGE SIMPSON		13b. MOTHER'S MAIDEN NAME SUE JONES		14. NAME OF HUSBAND OR WIFE KATHERINE SIMPSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHERINE SIMPSON 2416 S. 11th ST.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative sepsis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gall-bladder surgery. DUE TO (c) Empyema of gall-bladder. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks 2 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 58 AX						
22. I hereby certify that I attended the deceased from May 19 1949 , to April 18 1952 , that I last saw the deceased alive on April 18, 1952 and that death occurred at 2:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE James C. Stymile (Degree or title) _____				23b. ADDRESS 4047 a Francis St Louis		23c. DATE SIGNED 4-19-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE APRIL 21 1952		24c. NAME OF CEMETERY OR CREMATORY St. Hope Mausoleum		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. APR 19 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Francis				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Samuel C. Hill

Licensed Embalmer No. *43474*

P. O. Address *2906 Davis*

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.