

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16222**
Registrar's No. **4269**

FILED MAY 14 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 11 years		d. STREET ADDRESS (If rural, give location) 4045 Cook Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4045 Cook Ave.		e. STREET ADDRESS 4045 Cook Ave.	
3. NAME OF DECEASED (Type or Print) Theresa Simpson a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH April 22, 1953 (Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1913
9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 2 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Meridian, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Jackson		13b. MOTHER'S MAIDEN NAME Beatrice Simms	14. NAME OF HUSBAND OR WIFE Albert Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 340-16-3944	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Simms 4045 Cook Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 490X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on 5/17 , 19____, at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE OF CORONER Joseph H. ...		23b. ADDRESS 1300 Clark Avenue	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/27/53	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. APR 25 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Ave.	

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

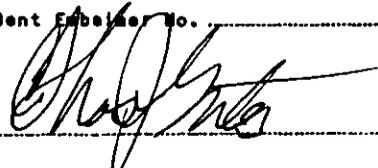
STATEMENT BY LICENSED EMBALMER

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

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.